

SCOTTISH HOME AND HEALTH DEPARTMENT

Experimental Nurse Training at Glasgow Royal Infirmary

*Final Report of the Assessment Committee
appointed by
the Secretary of State for Scotland
and the Nuffield
Provincial Hospital Trust*



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MEMBERSHIP OF COMMITTEE

The following persons were appointed as members of the Assessment Committee:

Professor J. H. F. BROTHERSTON—*Chairman*

(Professor of Public Health and Social Medicine and Dean of the Faculty of Medicine, Edinburgh University).

Miss M. ANDREW

(Late Headmistress, James Gillespie's High School for Girls, Edinburgh).

Miss M. MACDONALD

(Principal Tutor, Western General Hospital, Edinburgh).

Mrs. I. B. H. QUAIL

(Late Lady Superintendent of Nurses, Royal Infirmary, Edinburgh).

Dr. T. SEMPLE

(Consultant Physician, Victoria Infirmary, Glasgow).

Mr. J. A. SMITH

(Vice-Principal of Jordanhill College of Education, Glasgow).

Miss E. STEPHENSON

(Director, Nursing Studies Unit, Edinburgh University).

Miss M. SCOTT WRIGHT

(Boots Research Fellow in Nursing, Department of Public Health and Social Medicine, Edinburgh University).

Mr. W. R. MILLER—*Secretary*

(Department of Health for Scotland).

The two following members of the Committee undertook the costing analysis of the Experiment:

Mr. I. D. HAMILTON } (Finance Division of the Department of Health for
Mr. V. C. STEWART } Scotland).

Miss M. Scott Wright was appointed to undertake the detailed organisation of the evaluation and has been responsible, under the direction of the Chairman, for the collection and analysis of data and the writing of this report.

Foreword and Acknowledgments

The Assessment Committee was appointed by the Secretary of State for Scotland and the Nuffield Provincial Hospitals Trust in the summer of 1957 to carry out an evaluation of the Alternative Course of Training for the General Register of Nurses which was established in the Glasgow Royal Infirmary in September 1956. The Committee have pleasure in presenting this report, which represents their unanimous findings on the evaluation for which they have been responsible during the past four and a half years.

In carrying out this assignment they have attempted to adhere closely to the terms of reference given them, which were:

"To assess the experiment in nurse training being conducted in the Glasgow Royal Infirmary having regard to (a) the extent to which it has achieved its objectives; (b) the comparative cost of this system of training; and (c) the possibility of further extension of this system of training; and to report."

Items (a) and (c) of this remit have been considered in the first seven parts of the report; and item (b) relating to the cost of the experiment is presented in Part 8.

The Committee also decided upon two further slight modifications of their remit. Firstly, that their principal attempt at evaluation should be related to item (a) rather than item (c), as they considered that the possibility of extending this new method of training would in any case be largely dependent upon the successful achievement of the experimental objectives themselves. Nevertheless, with the means at their disposal, they have also attempted to provide an answer to item (c). But it is all too easy in dealing with this aspect of evaluation to become involved in the wider problems of professional re-organisation, a duty which the Committee did not consider themselves called upon or qualified to undertake. Secondly, that the interpretation of their task should be slightly extended by the presentation of a short historical introduction relating to recent developments in the nursing profession which have necessitated the establishment of this experiment, in the hope that this additional introductory material will assist readers in appreciating the full significance of the Glasgow experiment in the development of nursing education. The full details of the method of assessment adopted by the Committee is described in Part 2, Chapter V of the report.

One other special arrangement has been entered into by the Assessment Committee in the execution of their task. In response to a special request from the Steering Committee responsible for the direction of the experiment in Glasgow, they agreed to present an interim report on evaluation findings before the completion of their investigations. The Steering Committee considered that such an early indication of the possible outcome of the experiment would assist them considerably in organising the remaining phases of the experiment as well as enabling them to review the advisability of continuing this alternative method of training. The interim report was thus presented to the Department of Health for Scotland, the Nuffield Provincial Hospitals Trust and the Steering

Committee in May 1960. This final report is a continuation and completion of the material already presented in the earlier document; it has not been necessary for the Assessment Committee to make any noteworthy amendments to the conclusions reached in May 1960. No attempt was made to publish the findings of the interim report in case the tentative conclusions presented in it were not confirmed by the completed evaluation. A short summary of this preliminary document was made, however, by the Department of Health for Scotland for release to the professional press.

The Committee wishes to place on record its gratitude and warmest thanks to Miss M. Scott Wright, M.A., Ph.D., D.M.S.A., S.R.N., S.C.M., Boots Research Fellow in Nursing in the University of Edinburgh, for her work as its Research Director. Miss Scott Wright has been personally responsible not only for the direction of the investigations, analysis of the data and compilation of the report, but also much of the field work. We cannot praise too highly the ability, determination and tact with which she has undertaken this great volume of work on our behalf.

In undertaking this investigation the Committee have also received valuable assistance from many hospitals, professional organisations and individual experts. Without such co-operation the type of evaluation procedures used could not have been carried out.

They wish firstly to express their appreciation to the Board of Management of Glasgow Royal Infirmary and to the Matron, Miss E. G. Manners, O.B.E., for permitting the collection of records and data about experimental and regular student nurses included in this study, and also for enabling them to carry out several new tests and procedures with these nurses in the wards and classrooms of Glasgow Royal Infirmary. Similar assistance was also provided on all occasions by Miss W. Morgan, the Director of the Experimental course, and Miss J. MacFarlane, the Principal Tutor. The committee's thanks are also due to Miss Court Brown, who was appointed Matron of Glasgow Royal Infirmary in August 1960, on the retirement of Miss Manners, for her co-operation in arranging the last phases of the evaluation procedures in the hospital.

The Committee wish to thank the Board of Management of Edinburgh Royal Infirmary and the Lady Superintendent of Nurses for permitting them to collect data and records on certain groups of students who were included in the study as an additional control group, and also for allowing three senior members of the nursing staff to assist with special observation sessions which took place in Glasgow Royal Infirmary during the interne year. By the courtesy of the Board of Management and Matron of the Western General Hospital, Edinburgh, five senior nursing observers from this hospital also participated in these observation sessions.

The Committee are also grateful to the following Boards of Management and Matrons who permitted a nurse-observer to visit their wards whilst the experimental students were gaining experience in their respective hospitals:

- (i) The Royal Mental Hospital, Glasgow
- (ii) The Royal Maternity Hospital, Glasgow
- (iii) The Royal Hospital for Sick Children, Glasgow
- (iv) The Eye Infirmary, Glasgow
- (v) Belvidere Infectious Diseases Hospital, Glasgow
- (vi) Crichton Royal Mental Hospital, Dumfries.

The Committee are especially beholden to the General Nursing Council for Scotland who gave permission for the Final State Examination papers of all the experimental and control students in this study to be specially re-marked. They are indebted to Miss M. Wilson, the Registrar to the Council, and her staff for making the necessary detailed arrangements required for this purpose, and also to the physician, surgeon and nurse-tutor who had to undertake the re-marking of such an unusually large number of papers.

For assistance in the execution of other specially-designed procedures the Committee are grateful to several experts. Advice on the content of the multiple choice tests was given by Miss M. B. Powell, Matron of St. George's Hospital, London, and Miss W. Prentice, Matron and formerly Principal Tutor, Stracathro Hospital, Brechin. On their structure Miss J. Cookson, M.A., Lecturer in Psychology, Edinburgh University, was consulted. Pilot studies of these tests were also carried out by student volunteers in Edinburgh Royal Infirmary and Stracathro Hospital, Brechin, by courtesy of the Principal Tutors of these hospitals.

The ward practical tests were carried out in Glasgow Royal Infirmary for the Committee by Miss M. B. Powell and Miss W. Prentice in August 1958 and May 1959. These tests lasted for over three days on both occasions, but it was essential to have the help of members of the nursing profession who were expert and experienced in this technique.

For three years the Assessment Committee have had the assistance of senior members of the nursing staff of Edinburgh Royal Infirmary, the Western General Hospital, and Glasgow Royal Infirmary in carrying out special observation sessions during the interne year of the course. Quite a number of these nurses, all of whom were sister tutors or ward sisters, participated in this procedure as inevitable staff changes occurred over this period and the Committee are indebted to all these observers for their willing co-operation—(the nurses with an asterisk beside their names attended at least four observation sessions). The observers from Edinburgh Royal Infirmary were Miss M. Thomson* and Miss M. Shinie,* Sister Tutors, and Miss E. Ross,* Ward Sister; and from the Western General Hospital, Edinburgh, the observers included Miss J. Ross,* Principal Tutor, Miss A. Calderwood* and Miss I. Reid, Sister Tutors, and Miss F. Macdonald and Miss J. Milligan, Ward Sisters. The observers who participated from Glasgow Royal Infirmary were all ward sisters: they were Miss M. Smith,* Miss Dempsie,* Miss Rintoul,* Miss McLone, Miss Steel, Miss Tweedie, Miss Crawford, Miss Carlyle and Miss Asher.

During the course of this experiment Miss E. Stephenson, Director of the Nursing Studies Unit of Edinburgh University, has undertaken a series of selection and aptitude tests with the last two intakes of alternative students, and it is anticipated that as a result of this study some additional data on method and standard of selection will become available.

In compiling and analysing the data for this report Miss Scott Wright has had sustained and valuable assistance from Mrs. J. Clow, M.A. (formerly Miss M. Blomfield) who was team leader of the Nuffield Job Analysis on the Work of Nurses in Hospital Wards. Mrs. Clow's interest in this experiment has been keen and her advice greatly appreciated on all occasions.

Finally, the Committee must express their thanks to the Department of Health for Scotland, who have provided both experts and facilities for their

use throughout this evaluation. Firstly, they wish to record their thanks to Mr. W. R. Miller, who has been a most diligent mentor and able Secretary, and also to the two experts of the Department's Finance Division, Mr. I. D. Hamilton and Mr. V. C. Stewart, who have been responsible, as specially appointed members of the Committee, for the costing analysis presented in Part 8 of the report.

(Sgd.) J. H. F. BROTHERSTON,
Chairman,
on behalf of the Committee.

Experimental Nurse Training at Glasgow Royal Infirmary

Part 1. Historical Background of the Experiment

CHAPTER I

THE NEED FOR REFORM IN BASIC NURSING EDUCATION

1. It would be imprudent to give any details relating to the method or results of this evaluation study before presenting an outline of the historical process which has led to this and similar experiments elsewhere in recent years. The main problem it has sought to solve has been germane to the nursing profession for many years; how may the education of the student nurse be improved without upsetting service obligations to the patient?

2. As in so many other aspects of nursing thought and action it is of value to look at the interpretation of this situation by Florence Nightingale as she established the first training school for probationer nurses in St. Thomas's Hospital exactly a century ago. Miss Nightingale was the first nurse to establish a division between the educational and service commitments of the probationer nurse.¹ This principle was ensured by the endowment fund, raised by grateful citizens after the Crimean War, which enabled the school of nursing to pay its own way, thereby placing educational values alongside the service needs of the hospital. "An uneducated man who practises physic is justly called a quack, perhaps an imposter. Why are not uneducated nurses called quacks or imposters? Simply, I suppose, because there are few who think a man can understand medicine and surgery by instinct. But till the last ten to twenty years people in England thought that every woman was a nurse by instinct."² She also recognised that proficiency could not be attained without adequate experience in the wards with the patients; and no nurse has ever placed greater emphasis on the need for careful and accurate observation of the patient, which was stressed in her *Notes on Nursing*. In Miss Nightingale's opinion both education and service were integral and equally important aspects of the

¹ "In the general field what differentiated Florence Nightingale's opinions from the ideas of her contemporaries was her insistence on the necessity of *training* for work. Training was in the 'sixties not felt to be needful for nursing or indeed for teaching, or for any other woman's profession." L. R. Seymour—*General History of Nursing*, p. 91.

² From *Suggestions on the Subject of Providing and Organising Nurses for the Sick Poor in Workhouse Infirmarys*—Florence Nightingale (1867).

probationer's training. The knowledge she required was specific to her work but equally could only be learnt by continual practice at the bedside.

3. The extent of the education required by nurses in 1860 was minimal by modern standards, and partly for this reason Miss Nightingale believed that probationers could be recruited from all ranks and classes of society and make, as many certainly did, good bedside nurses.¹ Equally, however, she encouraged the recruitment of 'lady' probationers, who paid for their training, and because of their education were able to become the matrons and nursing supervisors required by her new system. In this appreciation of the need for theoretical as well as practical experience, and equally by understanding that in nursing women of a wide range of intelligence and education may find tasks suitable to their abilities, Miss Nightingale saw the significance of the principal problems affecting basic nursing education to this day.

4. These important principles were not only followed in the establishment of some of the nursing schools in leading British hospitals during the succeeding decades, but were also faithfully copied in three of the earliest American schools of nursing established in 1873.² Before, however, this system of training was firmly rooted it was upset by the repercussions of other developments in the field of medicine. It was precisely during these latter years of the nineteenth century that unprecedented advances were being made in all branches of medical science. The story of the development of anaesthetics and aseptic surgical techniques is common knowledge. Such advances necessitated the service of larger numbers of nurses, and no sooner had the early schools proved their value than the flood of demand damaged the educational foundation upon which the Nightingale Schools had been built.

"The loss of these foundations was disastrous from the standpoint of quality of education provided, but the elimination of the expenses they involved made the schools a means of staffing the hospitals at low cost, which helped to increase hospital facilities."³

5. The general tendency was also to lengthen the students' course from two to three years' duration in many of the hospitals, in order to prolong the service of the probationers to the hospitals. The labour of young women was cheap, and such changes were made under the pretext of giving them greater experience on the wards. As Dr. Brown commented: "if practice made perfect then much would be expected."⁴

6. Another difficulty besetting the nursing profession before the outbreak of the First World War was the economic and social status of women and the reluctance of society to accept them in any profession. Not only did this mean that there were, compared with the present day, very few careers open to them so that cheap labour in nursing could be exploited, but it also meant that they

¹ "The candidates who are best qualified for the ordinary duties of the hospital nurse appear to be the daughters of small farmers who have been used to household work, and well-educated domestic servants. Persons of superior manners and education, ladies in fact, are not as a rule the best qualified but rather women of somewhat more than ordinary intelligence emanating from those classes in which women are habitually employed in earning their own livelihood." *The Origin and Early Development of Two English Training Schools for Nurses. The Nightingale Training School, St. Thomas's and the Guy's Hospital Training School.* By Virginia M. Dunbar, R.N.—Florence Nightingale International Foundation, 1936.

² Bellevue Hospital, New York
Connecticut Training School, New Haven
Boston General Hospital, Massachusetts.

³ M. Bridgman—*Collegiate Education for Nursing*—p. 41.

⁴ E. L. Brown—*Nursing for the Future*—p. 49.

were not likely to be looked upon as close and valuable colleagues of the doctors. There were exceptions to this rule in many places, but generally during these years there was little or no opposition to the full development of the apprenticeship form of training in nursing and considerable exploitation of their services by the hospitals.

7. A few attempts to restore a more professional attitude towards the probationer nurses' training were attempted at the very end of the century; but Miss Nightingale herself was by then too old and out of touch with the needs of nurses to appreciate the growing demand for a professional qualifying examination which would at least safeguard some minimum standards of competence. No great change occurred in this situation until the outbreak of the First World War created an immediate demand for skilled nurses.

"The (First World) War involved an upheaval for the nursing profession. Never before or since were so many patients provided with residential care away from their homes; the higher social classes were included among the patients. Nurses were needed on an unprecedented scale. . . ."¹

8. The war also gave women an unprecedented opportunity of entering the professions and business, and any doubts as to their rights to full political and social emancipation were swept away. The most important outcome of such developments for British nursing was the establishment of the General Nursing Councils in 1919, which permitted the registration and examination of the fully qualified nurse for the first time. The merits of this particular achievement were considerable, since statutory registration has become the official hall-mark of professional status not only of the doctors, but for all other medical ancillary workers who have more recently come to assist the doctor and nurse in giving patient care.

9. It was, however, from the other side of the Atlantic that the problems facing the nursing profession during the aftermath of the First World War were challenged more seriously, and the implications of wartime development more widely understood. Certain dynamic recommendations on the reorganisation of nursing education were made in the Goldmark Report published in 1923. It was recommended that the three-year basic course should be reduced in length by about one quarter, by the removal of unnecessary repetition and non-teaching time on the wards, and it was also suggested that the future leaders of the profession should be equipped for their task by University courses in nursing education.² But it was not until the 1930s that demands for such changes became more frequent and began to command some attention. These were important years for the nursing profession because the principles of reform developed at this time provided the foundation upon which later and even present-day experiments are being based.

10. Why should this decade have been so important in the development of nursing thought and ideas? Firstly, because it had by now become apparent that nurses, or at least a certain proportion of them, would give service of greater value to the community and to the medical profession if their education received greater attention in its own right.

¹ Brian Abel-Smith—*A History of the Nursing Profession*—p. 83.

² *Nursing and Nursing Education in the United States—Report of the Committee on the Study of Nursing Education—Prepared by Josephine Goldmark, 1923, pp. 26, 459-460.*

" Medical science makes exacting demands of the nurse for observation and interpretation of symptoms. No longer can nurses blindly follow the doctor's directions; they must understand the principles underlying the treatment. The instruction of nurses in the past has too frequently been limited because of the danger that they might overstep into the field of medicine and diagnosis. It is good to note that many physicians are relying more and more upon the nurse for assistance in diagnosis and treatment." ¹

11. The second point was made on several occasions by Dr. Weir in his report on Canadian Nursing Education published in 1932, when he stressed the fact that other occupations were all moving towards a formal college-based curriculum and a place in the various university faculties.

" And yet there is abroad in Canada today a certain school of opinion that would single out the nurse from the procession of social progress and ask her to revert to the good old days of apprenticeship and rule of thumb standards. A twentieth century world, with its more exacting and specialised demands on intelligence, knowledge and ingenuity, resourcefulness and social adaptability is sometimes the solution suggested for our nursing problems." ²

12. This argument is still being used by nursing leaders; and as Dr. Weir and others have noted the doctors and dentists themselves have had to progress from an apprenticeship to a full university education in order to keep pace with the scientific development in their own professional field.

13. The recommendations made by Professor Weir in his 1932 Report were an important landmark in the re-awakening desire to improve nursing education.

" Student nurses are dealing with human values and needs with human problems and outlooks as are the teacher, or lawyer, or doctor. If they possess adequate capacity they respond to the same influences and their mentalities develop in the same manner. Part of the nurse's training may be considered utilitarian as opposed to liberal. The same is true in connection with the training of the lawyer or doctor or engineer. Nor does it follow that a thing must be socially useless in order to be cultural. Probably no expression has been so abused by the casual observer of educational trends as has so-called 'cultural education'. It is probable that the most satisfactory solution to the problems of nursing education—as of legal, medical, or other aspects of professional education—can be ultimately offered only by the university, which is most effectively equipped, staffed and financed to provide some leadership and to serve as a clearing house for educational ideas. A university setting and status, apart from the provision of superior facilities for investigation and research, will probably give the study of nursing problems a true dignity and attract a better average type of student." ³

¹ Extract from Review of Higher Education by the University of New York State, year ending 31.7.31—p. 129. In the "New Deal for Nurses"—G. B. Carter wrote in 1939: "The medical profession, with some notable exceptions, is on the whole nonchalant about nurses and nursing, but, nevertheless, quietly determined to keep the upper hand." (p. 21).

² G. M. Weir—Survey of Nursing Education in Canada, p. 380.

³ *ibidem*, pp. 391-392.

14. A somewhat different approach to this same subject was provided by the Lancet Commission Report which was published in Great Britain in the same year. Like the Canadian Survey the British Commission expressed distress at the general backwardness of nursing education in its own country. A high rate of wastage was shown to be due to overlong hours of work, lack of proper teaching on the wards, inadequate numbers of probationers and rigid discipline, especially in the nurses' home. The recommendation which the Commission made, however, indicated that these defects could be remedied within the existing system. In the Report it was stated that:

"Nursing is essentially a craft, and as such is inseparable from the material on which it is exercised. While the endowment of schools of nursing is highly desirable, it can be argued that to maintain the practical quality, which has distinguished British schools of nursing, such schools should be attached to hospitals, rather than to academic institutions of university status."¹

15. Nor did the Lancet Commission endorse the proposal of the American Goldmark Committee (1923) to reduce the length of the student nurse's course to a little over two years, and their reason for disagreeing illustrates clearly the outlook in Britain at the time in regard to nursing education.

"The prospect of shorter training might well attract some girls, especially those who desire ultimately to go into other branches of nursing and do not care to contemplate three years of institutional life; but there would be the disadvantage from the point of view of hospitals that the institutions would benefit from the services of each probationer only over a shorter period."²

16. This last sentence reveals the appeal of the apprenticeship method of training for British nursing at this time, despite the discontents and discomforts of nurses who gave evidence before the Commission.

17. The publicity gained by this important British Commission stimulated its own reactions, and within a few years it was evident that the need for more stringent reform was being publicised and discussed in Great Britain. In 1937 a thoughtful booklet was produced by an English surgeon who was greatly concerned at the general inadequacy of the student nurses' educational programme.³ He maintained that:

"Nursing in Britain under present conditions is a craft rather than a profession, and the system of training at our various hospitals is not a true education but simply a form of apprenticeship."⁴

The main obstacle to improvement of conditions he attributed entirely to the economic problem of balancing the hospital budget.

"There is no getting away from the fact, and the figures in the Lancet Commission's Report provide full proof, that every hospital which admits nurse-probationers and undertakes to train them saves a considerable amount of money in the process. To put the matter quite bluntly, such hospitals are simply exploiting cheap student labour in the interests of economy."⁵

¹ The Lancet Commission Report on Nursing, p. 162.

² *Ibidem*, p. 164.

³ Harold Balme—*A Criticism of Nursing Education*, 1937.

⁴ *Ibidem*, p. 13.

⁵ *Ibidem*, p. 39.

18. Even more interesting, however, were the recommendations put forward by this writer. He was particularly distressed at the repetitiveness of the student nurse's tasks as a cause of boredom and a deterrent to attracting a better type of candidate. Proper student status in which nursing education was entirely separated from nursing service was the foundation stone, to which was added the necessity of a minimum educational entrance standard and careful supervision of the practical as well as the theoretical course by qualified nursing instructors. The nurse's practical education would then be analogous to that of the medical student who is tutored on the wards by the registrars. Special colleges should be established for these students where they would enjoy the same freedoms, rights and privileges as all other college students.¹

19. This book is of significance not only because of the originality of its approach and recommendations, but because it heralded the beginning of a more progressive outlook in British nursing education; and some of Dr. Balme's suggestions, such as the development of clinical instruction and the complete severance of nursing education and service during training, are the basis of the recent Glasgow experiment, with which this report is concerned in detail. It will also be noticed that these particular recommendations did not suggest any direct link between the education of the student nurse and British universities; and this was the principal difference between these proposals and the suggestions put forward in the United States and Canadian Reports a few years earlier.

20. Another outspoken but thoughtful treatise on these problems and their possible solution was written by a British nurse, Miss G. B. Carter, in 1939.² Once again the analysis of the deficiencies in the nurse's education led her to similar conclusions:

"The medical school is separate from the hospital, and the difference in aim between School and Hospital is clearly kept in sight. An analogy can be pressed too closely for none would deny that the essence of the training of a nurse is to make her responsible for nursing in a way that a medical student cannot be made responsible for diagnosis and prescription during his training. But little progress will ever be made in the better training of any grade of nurse while her professional education continues to be lost sight of in a multiplicity of routine duties. Finance is the difficulty, not perhaps the chief difficulty for once the public can be convinced of the desirability of such a reform, funds will surely be forthcoming. Good nursing is a matter which concerns everybody. A beginning could be made by creating an educational fund for each training school or group of training schools."³

As early as 1931 Miss Carter, in giving evidence before the Lancet Commission, had put forward a scheme for a more comprehensive course for student nurses, and in her book these plans are more fully developed, indicating the same approach as that made by Dr. Balme in his treatise two years earlier.

"Students of nursing, freed from the usual obligations of probationers to do the routine work of the hospital, could acquire the basic principles of nursing much more rapidly than they can do now. The

¹ These recommendations were made in Balme, A. *Criticism of Nursing Education*, Chapter III—An Ideal Nursing Service.

² G. B. Carter—*New Deal for Nurses*, London, 1939.

³ *ibidem*, p. 129.

length of time required to attain proficiency—for example, a rigid maintenance of an aseptic technique under different conditions—should be one of the subjects of research. At present no conclusions can be reached. The servant-of-the-hospital element in the training prevents accurate observation of the optimum time necessary to learn various procedures. It is probable that under the present system nurses never get properly grounded in some elements of their work.

" Alternation of work in the wards, with periods of study and practice in the School, would probably be necessary. But there should never be a complete divorce between theory and practice, as is suggested in some versions of the block system.¹ The student would not have to attend formal lectures and classes during a period spent mainly in caring for patients, but clinical instruction at the bedside would be available all the time, and she could always go to a practice room to study some procedure which for obvious reasons cannot be repeated on the patient. In the same way, the wards would never be shut to her, even while she was taking a course of lectures. She might not be nursing for the time being, but she could still go and consult the case notes and even talk to patients, and thus keep up a continuity in her work."²

21. Although there is again no direct mention of the nurses' training being conducted in the university rather than the hospital nursing school the emphasis on the need for student rather than apprenticeship methods is apparent. On the eve of the outbreak of the Second World War, Miss Carter had put forward every one of the new educational principles which, as will be seen later, have been utilised in the current Glasgow experiment.

22. The nineteen-thirties were remarkable for the formulation of new and advanced ideas on nursing education on both sides of the Atlantic. Indeed, thirty years later the profession is still content to base its experiments upon this earlier philosophy. The considerable time lag between the conception and execution of such new principles was, however, not entirely attributable to professional apathy, as the Second World War made even heavier demands on nursing all over the world than the First one had done, and for the greater part of one decade all attempt at improvement of training had to be abandoned everywhere.

23. It was certainly remarkable that, in such critical times, any consideration could be given to professional problems. The establishment of the Nurses Salaries Committees to make recommendations on the salary scales for nurses in 1941 was undoubtedly due to the acute shortage of personnel caused by the War³; but the publication of the findings of the Horder Committee on Nursing Education and Training in December 1943 showed once again how widespread was the demand for the improvement of nursing education, which even the exigencies of war had not dampened.⁴ This Report was all the more significant,

¹ The 'block' system of training is based on the idea of alternate periods of work in the wards and withdrawal to the training school for study and lectures.

² G. B. Carter—*New Deal for Nurses*, pp. 164 and 166.

³ The recommendation to establish a Committee to revise the salary structure of the nursing profession was first made in the Athlone Interim Report which was published in 1938.

The Rushcliffe Committee: *The First and Second Reports of the Nurses' Salaries Committee*, London, 1943.

⁴ The Nursing Reconstruction Committees of the Royal College of Nursing:

Section I, *The Assistant Nurse*, August 1942

Section II, *The Report on Education and Training* } 1943

Section III, *The Report on Recruitment*

Section IV, *The Social and Economic Condition of the Nurse*, December 1949.

as it represented the findings of an experienced group of doctors, nurses and educators who could present to the Royal College of Nursing their findings in the name of the profession as a whole.

24. Two short extracts from this Report indicate that the short-comings previously identified by Dr. Balme and Miss Carter were still regarded as the main setback to the advancement of nursing education.

"It is obvious that the first essential in the establishment of true nursing education is the clear separation between the training of nurses and the obligation to provide nursing services for hospital patients. At present nurses themselves are aware of the conflict of loyalties. . . ."¹

"While the student nurse must be regarded as a component part of the hospital personnel in order that she should cultivate a sense of responsibility, her status as a *student* should be fully recognised by the trained nursing staff, the medical staff and the governing body of the hospital, and her work should be regulated accordingly."²

25. With an eminent doctor as chairman of this Committee it is especially noteworthy that the following claim was made on behalf of the nursing profession in this Report:

"In the Committee's view, Nursing is not merely an item on the nation's medical service, but a profession parallel to that of Medicine, occupying an appointed and increasingly important place in the national plan for health."³

26. But although the War did not prevent the formulation of principles and recommendations, it certainly retarded professional advancement in nursing at a practical level. The great additional demand for nurses for all types led to the abandonment of the General Nursing Council entrance qualification and test for student nurses in England and Wales⁴ which had been established in 1937, and which despite repeated requests to the Ministry of Health since the end of the war, has not yet been reinstated.⁵

27. There was no doubt, however, that by 1945 the nursing resources and personnel of all combatant nations were at a very low level; and in addition it soon became apparent that the War had brought about a considerable development in the advance of medical science and techniques. Inevitably, therefore, the nurses found themselves everywhere confronted by the same problems which had faced the profession in the 'thirties' of insufficient, inadequately trained personnel. In one respect the difficulties arising after the Second World War were even greater as people everywhere were becoming increasingly aware of the greater facilities which could be provided by preventive and curative medicine. Reform was, therefore, even more acutely needed than before 1939.

28. Once again it was in North America that the new ideas in nursing education received most consideration and the lead given in experimentation. The main objective of the profession was identified once more as the need to

¹ The Nursing Reconstruction Committee of the Royal College of Nursing, 1943, Section II, p. 7.

² *ibidem*, Section II, p. 8.

³ *ibidem*, Section II, p. 11.

⁴ These provisions applied only in England and Wales.

⁵ Permission has now been granted for a re-imposition of an educational entrance standard for student nurses to come into operation on 1.7.1962 in England and Wales—Nurses (Amendment) Rules, Approval Instrument, 1960—and we understand similar standards are to be brought into effect in Scotland.

break with the old apprenticeship system of nursing education by which the individual hospital acquired so much of its service requirements from the probationer nurse in training. Nursing leaders were unanimous in agreeing that the education of trainees would never be improved until the school of nursing controlled the students' curriculum irrespective of the service needs of the hospitals. The implication that this would necessarily produce a smaller number of professional nurses and require larger staffs of assistant and auxiliary personnel to complement the former group was also officially recognised.¹

29. The similarity between the arguments used in America in this post-war decade with those of the pre-war era is striking. Dr. Margaret Bridgman expressed clearly the main problem which still confronted the profession:

"The underlying conflict has been between the necessity for improving nursing education to equip personnel for increasingly exacting and diversified functions, and the necessity for maintaining and increasing current nursing services and keeping costs down in hospitals, with the full responsibility resting with the hospitals. This conflict between two equally legitimate interests has been the fundamental reason for the persistent opposition to educational improvements."²

Another treatise on the same subject by Dr. Brown also recognised the lack of proper professional education for nurses:

"By no conceivable stretch of the imagination can the education provided in the vast majority of the some 1,250 (American) schools (of nursing) be conceived as of professional education. In spite of improvements that have been made in most schools over the years, it remains apprenticeship training."³

Another important fact-finding report published in the United States in 1950 entitled 'Nursing Schools at the Mid-Century' stated that 75 per cent. of the hospital schools of nursing still had no separate budget.⁴

30. There is evidence in Great Britain too that this same problem was fully understood to be the central one preventing progress in the field of nursing education.

31. In 1946 a Working Party was established by the Ministry of Health, Department of Health for Scotland and the Ministry of Labour and National Service to consider among other things "what is the proper task of a nurse and what training is required to equip her for that task". In the Report published in 1947 the Working Party recommended that:

"The cost of training (student nurses) should be dealt with entirely separately from the general maintenance expenditure of the hospitals in which training is given. Without question the present financial dependence of nursing schools upon the finances of the hospitals to which they are attached nullified any serious attempt to improve the training of nurses."⁵

¹ Study Group on Basic Nursing Curriculum in Europe, W.H.O. Geneva, 1956, pp. 2, 13 and 14.

² M. Bridgman—*Collegiate Education for Nursing*, p. 43.

³ E. L. Brown—*Nursing for the Future*, p. 48.

⁴ Margaret West and Christy Hawkins—*Nursing Schools at the Mid-Century*, National Committee for the Improvement of Nursing Service, New York, 1950, Ch. VIII, p. 6.

⁵ Report of the Working Party on the Recruitment of Nurses, London, 1947, p. 54.

In this same year support for this idea was publicised in the *Lancet*:

"The inauguration of the National Health Service offers a chance of separating the finance of the nurses' training schools from the finance of the hospitals. . . . If nursing is indeed a profession does it not stand to reason that the nurses' training school, like the medical school, draw its money, in part at least, from educational funds rather than from moneys voted for the relief of the sick?"¹

32. A few years after this the same sentiment was expressed yet again by nursing leaders in Europe at a World Health Organisation Expert Committee on nursing education. In their report it was stated that:

"A major difficulty in the way of improvement in nursing education at present lies in the fact that the majority of these nursing schools in nearly all countries are hospital schools in which the school has not obtained control of the student's time, on which the so-called nursing student is in reality an employee or apprentice."²

The demand for independent schools of nursing which was so insistent and internationally supported was indeed a case of "innovation being merely a return to tradition"; for although seemingly new it was in reality a return to the original type of nursing education first advocated by Florence Nightingale in 1860.

CHAPTER II

THE DEVELOPMENT OF TWO NEW METHODS OF BASIC NURSING EDUCATION

33. The unanimity of purpose which had led to the insistent demand for the reform of nursing education did not equally characterise the method of accomplishing this objective. Such difference of opinion as to the means to be employed may even prove an advantage, since it has enabled progress to be made along two separate lines, both of which can again be traced back to recommendations made before the Second World War. One experimental method of training has developed and is still developing along the lines suggested in Professor Weir's Canadian Survey of Nursing Education published in 1932, which recommended that the independent school of nursing education must be established within a university, where full student status and academic life could be enjoyed. The curriculum could then be broadened so as to include the sociological as well as the basic technical services required in nursing, and, if necessary, the course would last four or five years. The return in service was not an immediate concern in such schools, but it was anticipated that from these more highly selected and educated students there would emerge in due time the fully qualified professional nurse, equipped to play a full role in all the new methods of nursing care required of her.

¹ *Lancet*—8.2.47, p. 227.

² W.H.O. Study Group of Basic Nursing Curriculum in Europe, p. 9.

34. There were two principal motives behind this particular school of thought. Firstly, it was obvious that nurses both in the United States and Canada were aware of their dangerous isolation from the higher centres of learning. Every other service profession was becoming associated with university teaching, even if only for one group of its employees, and the nurses could not be blamed for seeing that what applied for instance to engineering trainees applied equally to them. The close analogy between the professional needs of these two groups was pointed out by Dr. Brown in 'Nursing for the Future'.¹ Both Dr. Bridgman and Dr. Brown in their respective books also argued powerfully for the need to give students a good professional education because of the new responsibilities for nursing care and treatment being passed on to them by the doctors in an ever-increasing field of specialisation.²

35. Secondly, the American nurses realised that in this way they could break the connection between the service requirements of the hospital and the educational needs of the students. If they were attached to the university campus along with all other students separate arrangements would then have to be made with certain hospitals for the students to gain their practical experience as and when required by their syllabus, but in doing so they would not form part of the hospital staff.

36. These years after the War certainly witnessed a much fuller development of university education for student nurses in the United States. By 1959 it was reported that 13.7 per cent. of the nursing students were preparing for a basic degree in nursing, although at this time more than 85 per cent. of the student nurses were still being trained in hospitals offering the predominantly apprenticeship type of course.³ In Canada too there was during these years a similar demand for university nursing education, and by 1956 in seven provinces university schools of nursing had been established. In this same year Miss E. K. Russell, who had been appointed to report on the progress of nursing education in New Brunswick, advocated that a School of Nursing be set up in the University of Fredericton for the establishment of a degree course which "would prepare the students for the nurse registration examination".⁴

37. In Europe, however, there has not so far been the same urge to develop this academic pattern of nursing education except in a few centres, probably because the traditional apprenticeship method of training has deeper roots in the religious foundations than it ever acquired in the United States or Canada. In a few of the university centres of Europe there are to be found schools of nursing closely associated with but not completely integrated into the academic setting, and none of them so far permitting degree-granting programmes. Two of these schools are in Belgium, the older of them being L'École Universitaire Sainte Elizabeth pour Infirmières et Accoucheuses, which was founded at the Catholic University of Louvain in 1928, and L'École d'Infirmières Hôpital Saint Pierre associated with the University of Brussels began in 1936. Another school which is closely supported by a university clinic is the Escola Técnica de Enfermeiras which was established in Lisbon in 1940. More recently in Germany in 1953 the University of Heidelberg became closely associated with a new three-year course in basic nursing education. The school is based on the university campus, and the students, all of high educational ability, are taught

¹ E. L. Brown—*Nursing for the Future*, pp. 63 and 64.

² M. Bridgman—*Collegiate Education for Nursing*, pp. 27-38.

³ E. L. Brown—*Nursing for the Future*, pp. 26-41.

⁴ M. Montag—*Community College Education for Nursing*, New York, 1959, p. 15.

⁵ Edith K. Russell—*Nursing Education in New Brunswick, Canada*, 1956, p. 60.

by university lecturers and enjoy privileges in common with all other students of this university. But even here in this carefully planned and integrated programme of theoretical and practical instruction the course is not entirely controlled by the university, nor is a degree granted at its completion.

38. Outside Europe there is more evidence of plans not only to associate basic nursing courses with university teaching but of the organisation of courses leading to a university degree in nursing. One such four-year course leading to a B.Sc. was established in Alexandria University in 1954¹; and in February 1956, students were admitted to Pretoria University to take a four and a half year course leading to a B.A. or B.Sc. degree in nursing.² It has also been announced recently that a degree and diploma course in basic nursing will be established within a year in a New Zealand University, and twelve students will be admitted to this course annually.³

39. Meanwhile, in Great Britain the closer association of the nursing profession with the universities has been gaining some support, although it is still hesitant. The official policy line of the profession, as indicated in 'Observations and Objectives' in 1956⁴ for example, remains basically the same as the one adopted by the Lancet Commission in 1932, when it was recommended that university education should be reserved for post-graduate students, such as the nurse-tutors and Diploma of Nursing candidates. But in 1956 a Nursing Studies Unit was established in the Arts Faculty of Edinburgh University, and in October 1960, commenced a five-year course which will enable the students to study for an Arts or Science degree and also to take the Final State Examination of the General Nursing Council. Whilst the student will concentrate on the academic syllabus in the first three years and on the nursing syllabus in the last two years, the nursing curriculum, both theoretical and practical, will be integrated into the whole five-year programme. Manchester University in September 1959 also started a four-year diploma course in community nursing for student nurses; but in this instance the main part of the nursing syllabus will be covered in the first two years and social and community health education in the last two. For both these courses students must have the university entrance qualifications required of entrants to other courses in their respective faculties.

40. A common factor in all these basic nursing courses bringing the profession closer to the universities has been the increase in their length, some of them now lasting for as long as five or six years, according to the breadth of the curriculum and the amount of practical nursing stipulated.

41. The second approach to the solution of the post-war crisis in nursing education has, however, progressed along different lines, and is the development with which this report is specifically concerned. Whereas the main impetus for university education has come from the United States this other development has emanated from Canada. It emphasises again that the lead in these various new methods of nursing education has come in recent years from the New World, where there has been a willingness not only to study and plan but to experiment. The specific contribution of the Canadians has been the development of a shortened course of training for student nurses based on the premise

¹ *Nursing Times*, 21.11.53, p. 1182.

² *South African Journal of Nursing*, April, 1956, p. 20.

³ *Nursing Mirror*, 22.4.60.

⁴ Royal College of Nursing, *Observations and Objectives, A Statement of Nursing Policy*, London, 1956.

that if the students' time is used solely for educational purposes the course can be completed in two years instead of three.

42. The philosophy behind the Canadian nursing experiments was to some extent similar to that which motivated closer association with universities in the United States. The need for the economic independence of the nursing school, so that the students' time is controlled by the educators, was again of paramount importance. The Canadians considered that it was possible to achieve this objective by having the professional training of nurses on a School of Nursing, with access to the hospitals as required. This line was, it will be recalled, similar to the one previously suggested by Dr. Balme in his treatise on nursing education published in 1937.

43. The Canadian two-year courses, however, varied considerably in certain of their objectives from the American University models in so far as the principal purpose was to produce a well-educated registered nurse as quickly as possible, whereas the American were basically concerned with the development of the academic aspect of nursing education rather than in the immediate service return to the profession.

44. There have been two Canadian experiments of note. The first experiment was commenced in the Metropolitan Hospital, Windsor, Ontario, in January 1948, and the second at the Atkinson School of the Toronto Western Hospital in 1950. Both these experiments have been expertly evaluated, and have formed a useful source of information for the planners of similar courses, especially the British experiment which was established in Glasgow in 1956. It is, incidentally, interesting to observe that the principal recommendation of the Working Party Report on the Recruitment and Training of Nurses published in London in 1947, which coincided with the first of these Canadian experiments, was that an experimental two-year course for student nurses should be carried out.¹ The official objectives of both the Canadian shortened courses were to develop student status, to carry through an integrated programme of theory and practice, to disregard the service needs of the hospital beyond the practical experience required by the students, to increase recruitment and reduce wastage.

45. The first experiment in Windsor, Ontario, was established directly as the result of a recommendation made by the Canadian Nurses Association in 1946.² During the four years this experiment was in progress only ninety-six students undertook the course—thirteen, twenty-four, twenty-four and thirty-five being enrolled annually between January 1948 and September 1952 respectively. Educationally they were an above average group when compared with other Canadian schools of nursing,³ and their age range was a little higher than that of the other control schools included in the evaluation.⁴

46. The course itself was carefully planned ensuring integration of theory and practice over the two-year period, without any reference to the service needs of the hospital. A reduced number of hours were spent on the wards by the experimental students who gave direct nursing care to patients under the close supervision of clinical instructors. In fact as estimates in the evaluation

¹ The Report of the Working Party on the Recruitment and Training of Nurses, 1947, Chapter IX, p. 49.

² Canadian Nurses' Association Toronto Convention, July 1946, passed a resolution approving the establishment of a shortened course in nurse training.

³ Three other control schools were used in this evaluation study, two of them were also in Ontario and the other "control" school was in Saskatchewan.

⁴ Dr. A. R. Lord—Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario, Canadian Nurses' Association, 1952, p. 18.

report show, the control students spent almost twice as many hours on the wards in three years as did the experimental students in two years.¹ On the other hand, both the experimental and control students had a similar amount of theoretical instruction (if hours for personal study are excluded), although this meant a much more concentrated syllabus for the Windsor School.² An interesting point made in the assessment was, however, that whereas there was no such thing as an 'average' range of clinical experience for the control nurses, since the length of time spent in various wards and departments was dependent on service needs, there was almost exactly uniformity of clinical experience available to the Windsor students.³ This evaluation study was only concerned with the two years of the course, as the nurses, when qualified, were all free to practise as qualified personnel wherever they wished after this time.

47. The results of this experiment were undoubtedly most encouraging as is clearly indicated in Dr. Lord's report. The number of applications increased over the four-year period and the number of students who successfully graduated also indicated a noticeable reduction in wastage when compared with the control groups in the other three schools.⁴ Health records in the experimental school showed very marked improvement, probably due to the shorter working hours. But the most objective test of the success of the new course was the performance of the students in the state examinations. Two of the control schools were also in Ontario and therefore took the same examinations. The Windsor School nurses achieved much better results in these examinations with an overall average mark in all subjects of 76.4 as against an average of 70.7 and 69.7 in the two control schools.⁵ Whether this success was due to the greater intellectual ability of the experimental students rather than their new course was not, however, indicated.

48. Nevertheless such results were undoubtedly encouraging for the new venture, and as the Director of the Windsor School herself indicated the professional nurses associated with it had considered the experiment well worthwhile.⁶ It only foundered for lack of financial support, an indication that the community of Windsor, who were asked to take over the cost of running the school from the Canadian Red Cross, still did not appreciate the fact that nursing education must be as costly as any other form of education.

49. The professional success achieved at Windsor was directly responsible for the establishment of the second, almost identical, experiment at the Atkinson School of the Toronto Western Hospital. As already indicated, the underlying objectives of this course were similar to those of the Windsor School, and again the school was to be financially independent of the main hospital budget. Once more the same professional principles were used of careful student selection, full student status, shorter hours with no night duty and a planned integration of theory and practice throughout. One difference of special interest in this second experiment, however, was that, although the students could complete their final examinations at the end of two years, they had to spend the third

¹ Dr. A. R. Lord—Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario, 1952, p. 35.

² *ibidem*, p. 31.

³ *ibidem*, p. 18.

⁴ In his evaluation of the Windsor, Ontario, Experiment, Dr. Lord recorded a wastage rate of 9.4 per cent. in the Experimental School as against 24.4, 21.7 and 30.7 per cent. in the three control schools. Report, p. 18.

⁵ *ibidem*, p. 31.

⁶ The Metropolitan School of Nursing, N. Fidler, *The Canadian Nurse*, Volume 48, No. 11, November 1952.

year as internes in their parent hospital before being permitted to practise independently as professional nurses.

50. The official evaluation of this course, undertaken by Dr. Stewart Wallace, was as encouraging in the assessment of the experimental students' performance as had been Dr. Lord's. Both the evaluators were agreed that if the school has full control of the students' time and education then it is possible, with suitable candidates, to cover the whole curriculum in two years instead of three.¹ This Toronto experiment also showed an encouraging increase in suitable applications for the course, a significant wastage decrease,² as well as considerably better performances in the state examinations between the 'new' and the 'old' students of the Toronto Western Hospital who, in 1952, actually took the same qualifying examination.³ In every subject of the examination the Atkinson School students had a higher incidence of grades A and B and a lower incidence of C, D and F grades compared with the average students in the four other control schools taking the same state examinations in 1952, 1953 and 1954.⁴

51. Some attempt was also made to assess their development in the interne year by seeking the opinions of doctors and nursing supervisors, but even so it was not possible to gain any very definite impression of their ability at this stage. Dr. Wallace simply states that he heard

"the opinion expressed that the internes from Toronto Western Hospital were in no way inferior to the registered nurses who had graduated from other hospitals."⁵

The success of these two Canadian experiments has been most influential in Great Britain. Before, however, discussing the course of events which led to the establishment of the similar British experiment there are other adaptations of the Canadian schemes worth consideration.

52. A similar type of experiment was carried out in the Massachusetts General Hospital, Boston, in September 1948 for much the same reasons.⁶ This basic programme lasted for twenty-eight months when the state examinations were taken. That was followed by eight months' internship, since the State of Massachusetts requires a three-year period of training before the R.N. diploma can be granted. Once again the results of this new type of course appeared to be encouraging, as the experimental nurses more than exceeded the average performance in the graduate nurse qualifying examinations; their

¹ Dr. A. R. Lord—Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario, p. 54; and Report on the Experiment in Nursing Education of the Atkinson School of Nursing, Toronto Western Hospital, Dr. W. Wallace, p. 14.

² Dr. W. Wallace—Report on the Experiment in Nursing Education of the Atkinson School of Nursing, Toronto Western Hospital, p. 7.

³ *Ibidem*, p. 10.

⁴ *Ibidem*, p. 12.

⁵ *Ibidem*, p. 14.

⁶ "We had three major concerns. First, the student time schedule needed modification. During the war years, a long hour schedule for all professional workers, professional students, and lay personnel seemed unavoidable. The war years and their demands were now well behind us.

"Secondly, the entire curriculum needed revision. There were many new trends in the social and medical sciences, and the pre-war nursing curriculum was steadily growing inadequate.

"And finally, the student assignments required practice, in many instances, beyond the point necessary for a safe and reasonably skilled performance."

We study our Basic Programme, Ruth Sleeper, R.N., *The American Journal of Nursing*, November 1951, Volume 51, No. 11, p. 683.

work as internes appeared equally promising, whilst applications increased and wastage was reduced to 0.8 per cent.¹

53. Another similar project has recently been developed in Finland, one of the European countries most ravaged by war in recent years, where the nursing services have been wholly re-organised with financial assistance from the West. In 1956 the Laakentohallitus (State Medical Board) of Finland decided that a basic nursing course of two and a half years' duration should be established in the existing eight nursing schools throughout the country, and that eventually twenty such schools should provide professional nurses for the whole country. Simultaneously they cut the customary length of the student course from three to two and a half years, and the similarity of the new shortened course to the Canadian experiments is striking. The subjects covered in the Finnish curriculum are almost identical, except for a longer time being devoted to public health nursing. Apart from these understandable differences the Finns have utilised the Canadian pattern, giving a wider student status, integrated theory and practice, patient care on wards supervised by clinical instructors, a shorter working week with no night duty required. Educationally the Finnish students were at least equal to the Canadians. Not only had they nearly all matriculated, but even out in such a small town as Lappeenranta on the Russian border a psychologist flew from Helsinki periodically to carry out a battery of intelligence and aptitude tests for candidates.

54. There has, as yet, been no official evaluation of the new pattern of training adopted in the Finnish schools of nursing, but it was reported in a Finnish paper circulated in 1958 that the results of the state examinations were promising, and that wastage was as low as 8 to 10 per cent., a considerable reduction on earlier figures.² In Finland too the students completed the theoretical part of their course at the end of two years, but this was followed by an interne year in an acting staff nurse role, under the guidance of the School of Nursing. The only informal appraisal available so far has been that these nurses in their third year are as efficient and capable as the other nurses were under the old system.³

55. Before leaving the discussion of these two-year courses it is interesting to note that in September 1960 yet another of these shortened courses is to be undertaken in Canada in the Province of Ontario. The decision to establish this course, which was taken in 1957, has been considerably influenced by the earlier success of the Windsor experiment. The immediate reason for the establishment of this new school of nursing is the commemoration of the centenary of the Nightingale School at St. Thomas's Hospital, London, and the official objective of the course recommends:

"That the basic professional education for nursing be a two-year programme which qualifies the graduate for a diploma and registration."⁴

56. The further use of this particular pattern of training seemingly indicates that the earlier successful verdicts on the outcome of the shortened courses have been substantiated during the intervening years.

¹ We study our Basic Programme, Ruth Sleeper, R.N., *The American Journal of Nursing*, November 1951, No. 11, p. 683.

² Finnish paper by Sirke Helle, Director of Nursing, State Medical Board (unpublished).

³ *Ibidem*.

⁴ The details of this new course are given in the *International Nursing Review*, August 1960 (pp. 39-40).

57. Yet another development of the two-year pattern of educating student nurses which has taken place in the United States must also be mentioned. Between 1952 and 1956 seven Junior Community Colleges and one hospital school of nursing each undertook, under the guidance of its own 'faculty', to educate student nurses for the R.N. qualification in two years instead of three. This project came about because

"the present system of educating nurses has failed to produce the requisite quality and quantity of nurses to meet the demand."¹

An important objective of these courses was, therefore, to improve the supply of trained nurses, although as in the other two-year schemes already mentioned this service return was to be met by the College having complete control of the students' curriculum and 'laboratory' or ward experience, as it was designated.

58. The other major difference in these American Community College courses was that they openly specified that they were intended to produce a semi-professional nurse as opposed to a professional nurse, who would be taking at least a four-year course in nursing education at the university. The semi-professional nurse was to be a skilled bedside practitioner, who although technically competent to carry out all treatments would do so under the direction of a more highly qualified nurse. In the earlier Canadian experiments the official reason for their establishment had been "to determine whether a professional nurse can be prepared adequately in less than three years".² Although more comprehensive university degree courses were also in progress in Canada at this time the same official limitation was not placed upon the two-year graduates, and the American concept of the professional and semi-professional nurse, in addition to the nursing aides, is a new one.

59. Despite a slightly different *raison d'être* the official evaluation of these Community College experiments was also encouraging. These students performed quite as well as the other three-year hospital students in the R.N. examinations conducted by the State Board Test Pool³; and their wastage was about the same. By making use of these two-year colleges, which provide a great deal of the technical education in the United States, it was estimated that 20 per cent. more nursing students were enrolled through these media than would otherwise have been possible.⁴ Another important finding relates to the standard of competence achieved by these pilot programme graduates after completing their two-year course. This estimation was made after many interviews and ratings of their ability as post-graduate nurses had been made by head nurses; and apparently their performance as third-year internes working in hospitals was as satisfactory as that of the three-year graduate nurses. Eighty-one per cent. of these two-year graduates were still nursing a year after completing their college programme.

60. It has become evident from this discussion that the nursing profession has been and remains acutely aware of certain weaknesses in the currently employed methods of basic nursing education. This dissatisfaction has led to

¹ Mildred L. Montag—*New Community College Education for Nursing*, New York, 1959, p. 15.

² Canadian Nurses' Association's *Statements of Policies*, April 1951, quoted in Dr. Lord's Windsor Report, p. 7.

³ M. L. Montag—*Community College Education for Nursing*, p. 169.

⁴ *ibidem*, p. 131.

vigorous experimentation firstly in the New World, but more recently during the past decade greater interest in such ideas has spread further afield into certain parts of Europe and elsewhere. The other important point which has emerged is that so far the nursing profession appears divided as to the best remedies for its educational problems; although it may well be that it will be increasingly appreciated that more than one type of training is both necessary and desirable.

CHAPTER III

THE DEMAND FOR THE IMPROVEMENT OF BASIC NURSING EDUCATION IN BRITAIN

61. Although experimentation in basic nursing education took place more rapidly in North America, and one or two other countries, after the war, the need for similar development has become equally apparent to the nursing profession in Great Britain during this time. The studies and recommendations of certain wartime Committees, such as the Rushcliffe and Horder groups, have already been mentioned; but it was not until January 1946, when the joint Working Party of the Ministry of Health, the Department of Health for Scotland and the Ministry of Labour and National Service was established with wide terms of reference to—"survey the whole field of the recruitment and training of nurses of all types" that real progress could be anticipated. The Working Party of experts were also advised "that the impending establishment of a National Health Service would undoubtedly increase the demand for nurses even above the present level"¹; and in its Report issued in 1947 the Working Party confirmed that on account of the demands made by the War and increasing services to the community the supply of qualified nursing personnel had considerably deteriorated between 1938 and 1945.²

62. The establishment of this expert Committee was the first step in the long protracted series of investigations between 1946 and 1956, which ultimately led to the establishment of the first official British experiment in a new method of basic nursing education in Glasgow in 1956. The specific terms of reference of the Working Party were to consider:

"What is the proper task of the nurse; what training is required to equip her for her task; what annual intake is needed and how can it be obtained; from what group of the population should recruitment be made; and lastly, how can wastage during training be minimised?"³

63. The unsatisfactory situation in relation to student nurse training revealed by this enquiry was depressing but not altogether surprising. The survey showed that the loss of students from each annual intake between the years 1937 and 1943 was 35 per cent. in the voluntary hospitals and 43 per cent.

¹ The Report of the Working Party on the Recruitment and Training of Nurses, 1947, Introduction, p. iii.

² *ibidem*, pp. 5-6.

³ *ibidem*, Introduction, p. iii.

in the municipal hospitals; and the wastage of students from all general training schools seemed to average about 36 or 37 per cent. since 1940.¹ The causes of wastage were carefully considered by the Working Party. Interviews were conducted with students who had recently discontinued their course, and from this data it was stated that:

"The conclusion emerges clearly from this analysis that the type of discipline which pervades the training schools today is unquestionably the most important cause of wastage."²

Further opinions were sought from hospital staffs on the whole question of hospital discipline and the dogma of 'self-abnegation', which fully confirmed the views of the ex-students. In fact so strongly did the Working Party feel about these antiquated training conditions that they recommended:

- (i) Nurses in training must no longer be regarded as junior employees subject to an out-moded system of discipline.
- (ii) A new selection procedure for student nurses.
- (iii) A method of selection for appointment to senior posts which will help to secure that only those are appointed who possess the capacity for developing satisfactory human relationships.
- (iv) Steps must be taken to improve the quality and quantity of diet and to provide suitable accommodation and other amenities.
- (v) The training day must be reduced in span so that it approximates as closely as is practicable to that of a 'normal' working day. This involves the introduction of a three-shift system.³

64. The syllabus too came in for criticism from the Working Party who noted from their students that:

"There is variation from school to school in the content, length and efficiency of training, and the careers of individual students vary greatly in the stages of training through which they pass. . . . In a large number of hospitals formal teaching in the wards is negligible. Many student nurses are taught practically nothing by their ward sisters."⁴

Although the Working Party did not find evidence of high numbers of students stating that they found the course too advanced theoretically, they did point out that one quarter of hospital nursing staffs fall within the lowest 30 per cent. of the population intellectually.

65. During the course of this study the exact work of thirty-six student nurses was observed and further evidence brought to light condemning the existing method of training:

"It has to be recognised that at present the student nurse is almost invariably a 'student' in name only. First and foremost she is an employee of the hospital with which she signs a contract, and her training is largely incidental to her daily duties."⁵

¹ The Report of the Working Party on the Recruitment and Training of Nurses, 1947, p. 28.

² *Ibidem*, p. 41.

³ *Ibidem*, p. 42.

⁴ *Ibidem*, p. 43.

⁵ *Ibidem*, p. 45.

It was also shown that during her three-year course the student nurse at a general hospital spent approximately 77 per cent. of her time nursing, and the other 23 per cent. was taken up by domestic duties.¹

66. Not only did the Working Party make recommendations for the improvement of the student nurses' training, but they laid down a new and progressive form of education incorporating their proposals. Specifically this was that student nurses should all take one basic course of training lasting two years:

"The first eighteen months would be devoted to fundamentals common to all fields of nursing and the remaining six months to concentrated training in a particular field."²

At the end of the two years they could achieve state registration, and then spend a third year of internship as acting staff nurses under supervision before being granted full registration.

67. It was also recommended that care should be given to the selection of candidates of suitable personal and intellectual calibre, that the theory and practice of nursing should be integrated over the whole two student years giving the school of nursing full control of the students' time. Clinical instructors should also be employed to supervise the teaching of practical techniques.³ Even more important was the recommendation that:

"The cost of training should be dealt with entirely separately from the general maintenance expenditure of the hospitals in which training is given."⁴

68. It certainly appears more than a coincidence that, working quite independently and on a national basis, this group of experts found the same defects in the student nurses' education as had their colleagues elsewhere at approximately the same time. Their findings and recommendations were probably expressed in simpler terms but that is unimportant. In North America and elsewhere, as already noted, there was a growing body of opinion proclaiming that the time had come to give the same care and attention to the education of the student nurse as to trainees in other professions, if there were to be sufficient numbers of well-educated nurses to supply the new demands being placed on them all over the world. Whereas, however, Canadian experimentation followed quite speedily on recommendations of the Canadian Nursing Association 'the mills of God grind slowly' in the Old World, and further evidence was needed before experimentation took place in Britain.

69. It was unlikely that such a forthright document as the Working Party Report would cause no ripples on the pond. These came from two different directions. Firstly, there were the responses of leading nurses, doctors and even politicians⁵ to such an emphatic document and, secondly there were the more concrete reactions epitomised in further practical investigations which took place in the succeeding years.

¹ The Report of the Working Party on the Recruitment and Training of Nurses, 1947, p. 46.

² *ibidem*, p. 49.

³ *ibidem*, p. 54.

⁴ *ibidem*, p. 55.

⁵ See address given by Mr. Aneurin Bevan, Minister of Health, to nurses at Middlesex Hospital, London, on 24.10.1947, and House of Lords debate on Shortage of Nurses on 9.11.47.

70. As far as official nursing opinion was concerned the General Nursing Council for England and Wales was a little cautious in its reception of some of the new ideas, especially the considerable curtailment in the student nurses' practical nursing experience which would be inevitable if the shortened course of training was adopted.

"Towards most of the proposals [the General Nursing Council's] attitude is tinged with reserve. Two years they held to be inadequate even for a basic training, for it would allow the student nurse to spend only thirty hours a week for fifty-one weeks on nursing practice. Further the elimination of repetitive duties on which the proposed reduced training is based would rob the student nurse 'not only of the ability to nurse but satisfaction in nursing.' The Council also disapprove of the proposal that a licence to practise should be issued after two years' training (followed by state registration) and a third year under supervision."¹

71. Another set of comments was supplied in November 1947 by King Edward's Hospital Fund for London, who particularly questioned the meaning of 'student' status, which they considered would be a disadvantageous concept if it followed the American pattern too closely and took the nurse from the bedside. They also did not agree that a two-year course would make available a larger number of trained nurses in the hospitals, as they would then tend to leave at the end of the second instead of the third year.² The doctors too showed an understandable interest in this debate, as their various contributions to the *Lancet* and *British Medical Journal* at this time indicate.³

72. The first practical result of the Working Party Report, however, was soon forthcoming, when in 1949 Acts of Parliament known as the Nurses Act, 1949 (England and Wales), and the Nurses (Scotland) Act, 1949, both included a sub-section enabling the respective General Nursing Councils to permit experimental courses in nursing education to be undertaken.⁴

"If the Council are of opinion that it would be advantageous that a trial should be made of a scheme of training and examination to be undergone and passed by persons as a condition of their admission to the register, or as the case may be, the roll, being training and examinations differing from, but appearing to the Council to be no less efficient than, the training and examinations for the time being required by rules made by the Council to be so undergone and passed, they may, with the approval of the Secretary of State by resolution adopt the scheme for such period as may be specified in the resolution and in relation to such institutions situated in such area for which a regional nurse

¹ Observation submitted to Ministry of Health by General Nursing Council on Ministry's Working Party Report on the Training and Recruitment of Nurses as summarised in *Lancet* Annotation, 12.6.48, p. 916.

² Comment on the Report of the Working Party on the Recruitment and Training of Nurses submitted to Ministry of Health, King Edward's Hospital Fund for London, November 1947, pp. 8-9.

³ The Future of Nursing, *British Medical Journal*, 13.9.47—pp. 422-423. The Recruitment and Training of Nurses (An Annotation on the Working Party Report by the Medical Women's Federation). *British Medical Journal*, 29.5.48, p. 1057.

The Recruitment and Training of Nurses, *Lancet*, 13.9.47, p. 401.

⁴ Nurses (Scotland) Act, 1949, 12, 13 & 14 Geo. 6.c.95.

training Committee is constituted under this Act as may be so specified, being institutions appearing to the Council to be suitable for the purpose of carrying out the scheme therein.”¹

Exactly the same permissive provision was reiterated in the Nurses (Scotland) Act, 1951, and the Nurses Act, 1957, which were consolidation measures. This new right need not and, in fact, has not been used solely for the development of shortened courses of training but the important right to experiment, so long as existing standards were maintained, had been granted.

73. Two other equally important provisions in these Acts of 1949 strengthened the position of the General Nursing Council. One was the establishment of Area Nurse Training Committees and Regional Nurse Training Committees in England and Scotland respectively, which were to be expert groups responsible to the General Nursing Councils for the development of student nurse education and experimentation in their areas. The other provision divorced expenditure on training of student nurses from general hospital running costs and placed the responsibility for controlling it upon the General Nursing Councils. In practice the three-year student nurse has continued to give direct service to the patient in return for her practical experience, but the Nurses Acts of 1949 officially recognised nursing education as a separate item of expenditure for the first time.

74. In this same year another report was forthcoming in the name of the Royal College of Nursing. This was the last section of the Report carried out by the Horder Committee on the Social and Economic Conditions of the Nurse, and it undoubtedly showed the influence of the Working Party's findings.² This Committee again reiterated the need for a division between nursing service and nursing education, if student status was to become a reality, and the nurse was to be guaranteed a professional training:

“There is, then, no short and simple definition of student status, especially in relation to the training of a nurse. It certainly does not mean that the student nurse never goes into the ward to do practical nursing, because she would never learn if that were the method of her training. It does, however, mean that while she is doing her training she must carry out those tasks which will build up in her the body of knowledge and *expertise* which she must acquire, and where there is a choice of two tasks—the one which does not help her even if valuable to the hospital, and the other important to her learning and not to the hospital—she should be given the second of these tasks to do.”³

75. In true British fashion, however, the principal developments were pragmatic rather than philosophical, and took the form of fresh interest in future research to validate the findings of the Working Party. These further investigations took three forms. Firstly, interesting experiments were carried out in two English hospitals with special selection tests to assess the intelligence and aptitude of student nurses. The two hospitals were St. George's Hospital, London, where the testing of approximately one hundred and twenty-six students in a pilot study took place in 1949, and some years later similar tests were conducted with a hundred and fifty-nine students in the Royal Devon and

¹ Nurses (Scotland) Act, 1949, 12, 13 & 14, Geo. 6.c.95, Section 4, Subsection (2).

² Nursing Reconstruction Committee of the Royal College of Nursing, Section IV—The Social and Economic Conditions of the Nurse, 1949.

³ *Ibidem*, p. 10.

Exeter Hospital. The value of such tests had been questioned by the Working Party, who had recommended the use of an interview, one or more intelligence tests and an occupational preference questionnaire.¹ The Working Party also believed that an effective selection technique could reduce the average rate of wastage in nursing from about 50 per cent. to 15 per cent., as such methods had done in other professions.

76. As a result of these two experiments it was concluded that:

"At this hospital (St. George's) under present conditions the use of these tests, in addition to the present selection procedure, would increase the number of satisfactory nurses selected from 75 per cent. to 94 per cent. The tests would also be useful in hospitals where other conditions obtain."²

Similarly encouraging results were achieved in the Royal Devon and Exeter Hospital experiment, where it was also considered that the less homogeneous and educated students would make prediction of results all the easier:

"Some idea of the improvement that the scheme should bring is given by the estimate that if 50 per cent. of applicants are accepted, a present level of 20 per cent. 'unsatisfactory' nurses would be reduced to 6 per cent."³

77. The second form of investigation which was carried out in the years following the Working Party Report, and in direct response to the problems it raised, were three local studies on student nurse wastage and the characteristics of successful and unsuccessful students. One of these studies was a straightforward analysis of the causes of wastage amongst student and pupil assistant nurses, which was undertaken by the hospitals in the East Anglian region between the years 1949 and 1953. This study illustrated that amongst student nurses in general, fever and British Tuberculosis Association training schools, educational unsuitability accounted for 21.0 per cent. of the loss, and that this was second only to marriage causing 23.0 per cent. of the wastage. In this investigation it appeared that dislike of the work and discipline and lack of interest in nursing was responsible for only about 17.0 per cent. of the student loss.⁴ This last factor was less pronounced, whilst educational unsuitability had become more serious than indicated in the Working Party's Report.

78. The other two studies were rather more extensive in their objectives if not in the geographical area covered. The first was based on all the Birmingham area hospitals where student nurses were trained and covered the years 1951 to 1954.⁵ It was possible from the analysis of this data to compare directly the rate and incidence of wastage in the Working Party and Birmingham Reports; and in the former it was stated that fifty out of every hundred students completed their course, whereas in the latter only forty-one per cent. had done so. Table No. 1 has been developed from some of the data available in these two studies showing the similarity in the rate of wastage during different years of the course.

¹ The Report of the Working Party on the Recruitment and Training of Nurses, 1947, p. 60.

² Selection of Student Nurses, Asenath Petrie and M. B. Powell, *Nursing Times*, 11.3.50, p. 250.

³ Predicting the Successful Nurse, Terence Lee, *Nursing Times*, 29.4.60, p. 540.

⁴ Student Nurse Wastage, East Anglia, *Nursing Times*, 28.8.54, p. 921.

⁵ Survey of Entrants to Nurse Training Schools and of Student Nurse Wastage in the Birmingham Region, K. W. Cross and D. L. A. Hall, *British Journal of Preventive and Social Medicine*, Vol. VIII, 1954.

*Distribution of Student Nurse Wastage before the Completion of Training
as indicated in the Working Party Report and the
Birmingham Wastage Survey*

TABLE 1

Year of Intake	Working Party (1947) Report				Birmingham R.H.B. (1954) Report		
	Type of Training School				Type of Training School		
	General		Infectious Diseases	Tuberculosis	General	Infectious Diseases	Tuberculosis
	Voluntary	Municipal					
First	65.0	68.0	67.0	79.0	67.7	76.9	72.1
Second	21.0	19.0	23.0	21.0	21.6	7.7	14.0
Third	14.0	13.0	11.0	—	6.6	15.4	13.9
After the third year	—	—	—	—	4.1	—	—
Total	100.0	100.0	100.0*	100.0	100.0	100.0	100.0

* The percentages quoted in this column are given as in the Working Party Report but add up to 101 per cent.

The figures presented in this table are to be found in the Working Party Report (1947) in Tables D and H of Appendix III and in the Birmingham Survey, *opus cit.*, Table VII, p. 76.

It was apparent, therefore, that the wastage of student nurses had not improved since 1947, and that the highest rate of loss still occurred in the first year of the course.

79. The last of these regional studies was carried out by the Oxford Regional Hospital Board between 1951 and 1954 to compare the progress of student nurses at four hospitals in the region.¹ The method of analysis used in this study makes close comparison of wastage rates with other studies impossible, but it did reveal that the rate of attrition ranged from 22 to 32 per cent. over the first two years of the course. It was also illustrated that in each of these four hospitals wastage was higher in the first than the second year.²

80. But in both the Birmingham and Oxford studies the principal analysis of data related for the first time to a comparison of the characteristics of successful and unsuccessful students. This constituted a more objective approach to the causes of wastage than had been undertaken hitherto. In the Birmingham survey the educational characteristics relating to the students' age on entry to the course, school leaving age, educational performance in terms of a School Leaving certificate, together with previous nursing experience, were used as the principal criteria, and hospitals of all types were included in the tabulations. As a result the following conclusion was reached in the Report:

"It will be noticed that in every age category the proportion of successes is considerably higher among students possessing school certificate or matriculation than among those with no qualifications. . . . The possession of such a qualification appears to be a more important factor than the time spent on education, since the proportion of successful students without qualifications varies little with age of completion of full-time education. These results show that the best

¹ The Training of Student Nurses, A. Barr, *British Journal of Preventive and Social Medicine*, Vol. XIII, No. 3.

² *Ibidem*, p. 150.

type of student from the educational viewpoint is the one who stayed at a secondary or grammar school until sixteen or seventeen years of age and obtained a school certificate."¹

One other characteristic found to affect the rate of success was where the student had previously obtained a nursing qualification. The performance of this group was significantly better than the students who had no such qualification.

81. In the Oxford study the success of student nurses was related to a wider range of characteristics, including social class, nationality, season of entry, the value of attending pre-nursing courses, as well as the educational ones. Again it was found that only the educational characteristics revealed notable differences between the two groups, and a more detailed analysis of these factors confirmed that the early school leavers had a low success rate, whereas the student who had attended school longer and had a school leaving certificate did better than the rest.²

82. These two regional studies, had, therefore, confirmed the impression already expressed by other writers that the performance of student nurses, like all other students, is closely associated with educational and intellectual ability.

83. The third contribution to a fuller understanding of the student nurses' role and position during this period was a job analysis of the Work of Nurses in Hospital Wards which was published by the Nuffield Provincial Hospital Trust in 1953. This study was not concerned with the extent and causes of student wastage, but with the duties they have to perform and their organisation on the wards. This investigation was established as a direct result of the comments which the Trust had been invited to make on the Working Party Report, and in those comments it was stated that:

"Whilst agreeing that the method of approach adopted by the Working Party was a correct one, the Trust felt bound to point out that the principal shortcoming of the report was the absence of the necessary data for an adequate answer to the first of the main questions namely, 'What is the proper task of a nurse?' "³

84. This study covered the duties of all varieties of personnel in the nursing team from the ward sister to the ward maid; and it is not surprising that the activities of the student nurses, who were stated by these investigators to carry out at any time from 68 to 75 per cent. of the nursing service in the wards, should have been given a large share of attention in this report. The three points of outstanding importance relating to the students emerging from this study were firstly that they "were more or less students according to circumstances."⁴ In other words, the student was the person who was regularly called upon to do the work of any other member of the team from the staff nurse to the ward maid, if these groups were undermanned. Secondly, it was clear that the teaching given by ward sisters to the students on the wards was 'negligible', even when including time spent by sisters working informally

¹ Survey of Entrants to Nurse Training Schools and of Student Nurse Wastage in the Birmingham Region, K. W. Cross and D. L. A. Hall, *British Journal of Preventive and Social Medicine*, Vol. VIII, 1954, p. 73.

² *Ibidem*, pp. 153-154.

³ The Work of Nurses in Hospital Wards. The Report of a Job Analysis by the Nuffield Provincial Hospitals Trust, 1953, p. 11.

⁴ *Ibidem*, p. 71.

with students giving patient care. Thirdly, the conclusion was reached that:

"Student nurses were 'students' in name only. Their alleged status is still far from identical with their actual status: indeed, if 'student status' can be said to exist at all at the present time it is only as an attitude of mind on the part of these student nurses themselves."¹

This was a further indictment of the current situation based on factual analysis. It also gave additional validity to the original findings made in the 1947 Report on the unsatisfactory nature of the student nurses' education.

85. The nature of the job analysis enquiry had been to discover what the nurse actually did, and so recommendations for dealing with any defects discovered did not come within its official purview. But in discussing the main issues one or two suggestions were made; it was stated that:

"So long as student nurses comprise more than half the labour force of the wards it is inevitable that their training needs shall be, on occasion, subordinated to administrative necessity. The only way to ensure that this cannot happen is to evolve a type of ward organisation into which they will fit, but which does not *depend* on them to the present extent. Otherwise, student status will remain a myth."²

86. The Nuffield Job Analysis is of especial importance in this present study because it forms the bridge in time and ideas between the Working Party Report of 1947 and the establishment of the Glasgow experimental course which is evaluated in the later chapters of this report. The Nuffield Report was made available to the Standing Nursing and Midwifery Advisory Committee of the Scottish Health Services Council in April 1953, and proved to be the foundation upon which the Glasgow experiment was eventually developed.

87. These various investigations had revealed that the nature of the problems facing the nursing profession in Britain were similar to those identified elsewhere. The familiar pattern of the service demands of the hospital interfering with the education of the student nurse was once again considered to be the major difficulty standing in the path of professional progress.

Part 2. The Objectives and Evaluation of the Scottish Experiment

CHAPTER IV

THE PRINCIPLES AND OBJECTIVES OF THE GLASGOW EXPERIMENT

88. Although the need for the development of shortened courses of training for student nurses was first officially recommended in the 1947 Working Party Report, it has already been noted that the Nuffield Job Analysis Report was the immediate mainspring for the development of the Glasgow experiment.¹

¹ The Work of Nurses in Hospital Wards, p. 145.

² *ibidem*, p. 146.

When this report was considered by the Standing Nursing and Midwifery Advisory Committee of the Scottish Health Services Council in 1953 they thought it worthy of further detailed investigation, and so they set up two Sub-Committees under the Chairmanship of the Matron of Glasgow Royal Infirmary to give urgent consideration to the problems raised by the Report.

89. By 1955 these Sub-Committees had reported to the Standing Advisory Committee who prepared a report² giving their opinion as to how the defects in nurse training stressed in the Nuffield Job Analysis could be overcome. In the Standing Advisory Committee's Report it was stated that the principal objective in seeking a solution to the many problems of the nursing profession must be:

"To improve the care given to the individual patient and to raise the standard of the hospital service as a whole. The Committee would like to stress this point at the beginning of their Report since inevitably in the later consideration of matters affecting individual groups of the nursing profession and their methods of work it may appear that the emphasis is being thrown on the question of status, working conditions, training and employment of nurses. It is important to solve these problems if the nursing profession is to continue to recruit to itself a significant proportion of the intelligent young women in any generation, but they are not an end in themselves. The nursing profession is anxious to improve its status, its training and its contribution to the general administration of hospitals, but the purpose of all this is to render service to the sick which will meet their needs."³

90. The Committee considered that the main defects in student nurse training illustrated by the Job Analysis could be summarised as follows:

1. The Student nurse is too readily considered as part of the ward staff.
2. It is difficult to give students adequate teaching on the wards under present conditions.
3. Many of the basic nursing tasks are too repetitive, when considered as part of nurses' training.
4. Some of the wastage during training among student nurses is avoidable.

91. In order to overcome these inadequacies the Committee put forward two separate proposals both of which they believed would help to alleviate the situation. The first advocated a shortened two-year course for registration, and the other a three-year course with wider experience also leading to registration. Both these proposals were adopted by the Standing Nursing and Midwifery Advisory Committee, and forwarded to the Secretary of State and the Scottish Health Services Council for the consideration of the Secretary of State for Scotland. The experimental course with which this evaluation report is concerned was developed from the first of these two recommendations, the Sub-Committee's terms of reference having been to consider:

¹ The Work of Nurses in Hospital Wards. Report of a Job Analysis by the Nuffield and Provincial Hospitals Trust, 1953.

² The Work of Nurses in Hospital Wards, Department of Health for Scotland, Scottish Health Services Council, Edinburgh, 1955.

³ *Ibidem*, p. 3.

"Whether a shortened period of training for general nurses accompanied by improved student status would benefit the hospital service by attracting more students, reducing wastage, securing more satisfactory patient care and increasing the number of trained staff."¹

92. In this quotation the principal objectives of the new course are epitomised. The direct and principal objective of improving patient care, which must always be the focal point of any progress in the nursing profession, was to be reached indirectly by making the course more congenial and attractive to the student nurse both professionally and personally.

93. The Sub-Committee had, therefore, to devise a course which would enable them to incorporate the recommendations of the Nuffield Job Analysis Report within their specific terms of reference, and to do this they considered that the experiment must be established on certain basic principles, the first and most important of which was to ensure that these nurse trainees should have genuine student status: "That is to say that they should not form part of the normal staffing requirements of the hospital," and that "they should only have experience in the wards to the extent which is necessary for their training in the care of patients".² The execution of this principle necessitated the school of nursing having control over the student's practical and theoretical timetable, and amounted to a complete break with the usual apprenticeship method of training, as they would only give patient care in conformity with their own need for practical experience and not in answer to the service needs of the hospital.

94. A second important principle was that "the whole course should provide the opportunity for linking the theory and practice of nursing", and to accomplish this an adequate staff of nurse-tutors and clinical instructors "would be responsible for the supervision of the students for both day and night duty".³ This principle as much as the first one also depended for its effectiveness on the school of nursing having control of the planning of all aspects of the syllabus. Thirdly, it was considered that "because the educational pressure in the two-year course will be greater than in the three-year normal course" the experimental students, should be carefully selected and "all should be required to have a good secondary school education".⁴

95. The last principle of importance in the experiment was the separate financial provision made for it jointly by the Department of Health for Scotland and the Nuffield Provincial Hospitals Trust. The school, therefore, was economically independent, and although the experimental students worked for considerable periods of time in the wards of Glasgow Royal Infirmary and other hospitals they were regarded as supernumerary to the ward team almost throughout the two years, and staffing arrangements to give continuous patient care were made independently of any service rendered by the experimental nurses.⁵ Whilst this experiment was in progress the regular three-year school of nursing was continued in the Royal Infirmary, so that no special arrangements had to be made for getting additional nursing staff, since the regular three-year

¹ The Work of Nurses in Hospital Wards, Department of Health for Scotland, Scottish Health Services Council, Appendix A.

² *Ibidem*, Appendix A, p. 15.

³ *Ibidem*, Appendix A, p. 15.

⁴ *Ibidem*, Appendix A, p. 14.

⁵ For short periods of time in the fifth and sixth terms of the course the experimental nurses were attached to the ward team and to some extent replaced the regular student nurse.

students were available to give service in return for nursing education throughout the entire period of the experiment.

96. Around these new principles of nursing education the Sub-Committee filled in the other details considered desirable in the establishment of this course. It was recommended that the experiment in the first instance should only last for five years, and that not more than three groups of thirty students should be recruited annually for three successive years. The experimental course, it was considered, should be established in a building separate from the hospital, where the students would live together and where "their corporate life would be developed". The need to select only those applicants considered suitable academically for this shortened course led the Sub-Committee to recommend that the candidates should be not less than eighteen and a half years old and "should be required to have had a good secondary education". No further details as to specific methods of selection were suggested.

97. The other recommendations of the Sub-Committee related to the educational content of the course, the number of staff required to give continuous supervision and the method of integrating the theoretical and practical aspects of it. A staff of not less than three nurse-tutors, one of whom would be the director of the school, was advocated. In addition two clinical instructors "would be responsible for the supervision of the students for both day and night duty". The actual range and content of the syllabus which was to be more comprehensive than that of the three-year normal course was to include the following subjects:

An Introduction to Nursing, Medical Nursing, Surgical Nursing, Communicable Diseases (including Tuberculosis), Paediatric Nursing, Gynaecology, Ophthalmic Nursing, Dermatology, Ear, Nose and Throat, Psychiatric Nursing, Obstetrics, Operating Theatre, Out-Patient Department and Nursing in the Domiciliary Field.

It will be noted that psychiatric nursing, obstetrics and nursing in the domiciliary field were all experiences outside the basic three-year curriculum.

98. In order to avoid "the present cramming method of the Preliminary Training School" it was suggested that the Preliminary State Examination should be completed at the end of six months. The Final State Examination was to be taken at the end of two years when the successful candidates would be granted registration, and then be allowed to work either as qualified nurses, or to undertake further post-graduate training.

99. This Sub-Committee had, therefore, suggested quite drastic changes in the syllabus of the regular three-year course, but as a group they "felt that they were hardly competent to lay down in detail how such an experiment should be conducted", and they advised that a Steering Committee of "knowledgeable persons in the nursing and educational fields" should be appointed to plan the detailed arrangements required for this new course.

100. It was the good fortune of the nursing profession that the Secretary of State for Scotland was anxious to see the experiment set up; and that the Nuffield Provincial Hospitals Trust was willing to consider making a contribution towards its cost, provided that the General Nursing Council approved the proposals as an experimental scheme of training and that the nurses trained in the experiment were required to undertake a further year of nursing experience before they were regarded as fully registered. The Scottish Health Services Council then set up a Steering Committee, under the same Chairmanship as

the Sub-Committee which had made the original recommendation that an experiment be undertaken, consisting partly of members of the Standing Nursing and Midwifery Advisory Committee and partly of representatives of the Nuffield Provincial Hospitals Trust, to work out the detail of the experiment so that it could be submitted to the General Nursing Council for Scotland as an experimental scheme of training.

101. In general, the Steering Committee endorsed the Sub-Committee's recommendations, and made only a few amendments to the earlier proposals. The most important of the changes made related to the General Nursing Council State Examinations. The Preliminary State Examination was to be abolished altogether from the experimental course on the assumption that safeguards in the form of class tests would be substituted at the end of the first year.

102. Another decision reversed by the Steering Committee was the Sub-Committee's proposal that the experimental students should become fully qualified nurses after taking the Final State Examination at the completion of the two-year course. It has already been mentioned that such experimentation must conform to the existing standards required by the General Nursing Council for state registration, and to safeguard this position it was agreed by the Steering Committee that although the alternative students should take their Final State Examination at the end of two years they should not be recognised as fully qualified nurses until they had completed a third, interne, year. During this interne year they were to act as staff nurses in their parent hospital, with the option of returning during the second six months to one of the hospitals to be visited during the course in the capacity of post-graduate students. As acting staff nurses or post-graduate students, the internes would work for the same number of hours per week as the regular nurses in Glasgow Royal Infirmary, and would receive a salary between the training allowance of a third-year student and the pay of a qualified staff nurse.

103. This Committee was also more cautious and realistic about the possibilities of carrying out 'patient assignment' nursing which had been suggested by the Sub-Committee. They recommended instead that although such a method of nursing was desirable it would not always be practicable, especially in outside hospitals to be visited by the students.

104. The other important decision taken was that the experiment should be carried out in Glasgow Royal Infirmary. Obviously a large hospital had to be selected for this purpose, and a teaching hospital with nearly a thousand beds offered a wide variety of experience in general and special fields of nursing within its own walls. Secondly, it would be possible to arrange for the students to get the other experience needed outside the hospital in a large city where there were an adequate number of other specialised hospitals.

105. Thus the Steering Committee had reaffirmed the main outline of the experimental course put forward by the Sub-Committee of the Standing Nursing and Midwifery Advisory Committee, and none of the basic principles of student status and educational method had been altered. The exact planning of the syllabus, and detailed arrangements for the day to day administration of the experimental course will be discussed in a subsequent chapter of this report.¹

106. It is now possible to appreciate the similarity between this experimental course in Glasgow and the two Canadian experiments referred to in Chapter II. The basic objectives and principles are, in fact, identical in attaching significance to the separation of nursing education from nursing service, encouraging

¹ Chapter VI—The Principal Differences between the Alternative and Regular Courses.

genuine student status by linking the theoretical and practical content of the course and financing the experimental school out of a separate fund. The length and content of the curricula were not dissimilar, and the teaching methods adopted almost identical. The students at the Windsor, Ontario, School had been permitted to qualify after taking their registration examinations at the completion of the two years, whilst the students at the Atkinson School in Toronto, as in Glasgow, had to complete another year as internes under supervision before being recognised as registered nurses. The closeness of the Glasgow experiment to the Canadian pattern is very apparent, and in view of the success of these earlier courses the extension of such a policy seemed fully justified.

107. It is also notable that this new Scottish course belongs to the school of nursing thought already referred to in Part I of this Report, which hases the independent school of nursing within the hospital and not the university campus.

CHAPTER V

THE METHOD OF EVALUATING THE GLASGOW EXPERIMENT

108. As the experimental course was being planned it was appreciated that such an unprecedented development in British nursing education called for some official method of evaluation. This necessity had, in fact, been recognised in both the Standing Nursing and Midwifery Advisory Committee's Report¹ and the Steering Committee report. In the second document the need for assessment was expressed in these words:

"The results of the experiment will be carefully assessed by independent observers who will cover all aspects of the training. The results of this assessment will be made available to the General Nursing Council, so that they may determine in due course whether the experiment can be extended and continued."²

109. To comply with this request an Assessment Committee, under the Chairmanship of Professor J. H. F. Brotherston, was established during the summer of 1957, shortly after the commencement of the experiment in September 1956.

110. The immediate task facing the Assessment Committee upon its inauguration was to decide as rapidly as possible upon the most effective methods of evaluating the objectives of the experiment. The first meeting of the Committee took place in October 1957, and since then there have been a further ten meetings, five of which took place over the next twelve months. During this period the main aspects of the evaluation programme were worked out.

¹ The Work of Nurses in Hospital Wards, Department of Health for Scotland, Scottish Health Services Council, Appendix A stated: "full records should be kept at all stages of the experiment to enable an evaluation of the results to be made at the end of the experiment".

² Report of Steering Committee of Scottish Health Services Council (unpublished paper).

111. The Committee appreciated at its first meeting that whilst some of the official objectives of the experiment were measurable several others were subjective in so far as they could not be specifically evaluated by the means available to the Committee. At the next meeting in November 1957 it was therefore decided unanimously that the evaluation programme should be based principally on the collection and analysis of factual data relating to the concrete objectives of the new course. With this purpose in mind the experimental objectives could be classified into two well-defined groups: those which were measurable in fairly exact terms and others, no less important, which could never be precisely evaluated.

112. The planning of the assessment was therefore based on these premises, and the following list of the principal, associated and additional experimental objectives was drawn up.

113. The principal objectives of the new course were considered to be:

1. To prepare the student nurse for the Final State Examination of the General Nursing Council in two instead of three years while at the same time giving her a more comprehensive training than at present.
2. To enable these students to act as staff nurses in their third year.

The associated objectives were considered to be:

1. To provide a greater number of trained nurses within the hospital service.
2. To decrease sickness and wastage rates amongst student nurses.
3. To attract greater numbers of students into the profession.
4. To develop student status.

114. The additional objectives were considered to be:

1. To produce a more fully educated and mature nurse with scope for greater personality development.
2. To improve the standard of patient care.

115. The additional objectives, especially the second one, were probably the most important in the whole experiment, but were the very ones which would prove difficult to evaluate whatever type of assessment was undertaken. The possibility of getting direct co-operation from the patients in this matter was considered but rejected as impracticable, as there was nothing distinctive about the uniforms of the experimental students in Glasgow Royal Infirmary, and to the patients they would be indistinguishable from the other nurses in the wards. But even although the achievement of these particular objectives could not be exactly ascertained, the Assessment Committee anticipated that some indirect measurement of them would be gained as a result of the evaluation of the other objectives.

116. Further scrutiny of the measurable experimental objectives revealed the need for the assessment study to be divided into three phases. In the first place it would be necessary to compare the performance of the experimental students in certain specific situations and times in their course with control groups taking the regular three-year course. It was essential for the Committee to decide quite early in the planning of the evaluation just what these exact

measures of comparability would be, and also how to establish the most effective control groups for this purpose. The most reliable theoretical test was likely to be the Final State Examination of the General Nursing Council, which the experimental students would have to take at the completion of the two years of their student course, together with the other students who had taken the regular three-year course. It also seemed desirable that a further test of theoretical ability, such as a multiple choice test, taken at the completion of the course would be a further useful check on theoretical achievement. To evaluate the students' practical competence it was considered that the ward practical examination they would be expected to take under the normal arrangements in force at Glasgow Royal Infirmary, in which each of them would be asked to carry out a treatment for a patient on the wards, should be assessed by independent experts.

117. The Assessment Committee were also aware that some attempt would have to be made to evaluate the contribution of the experimental nurses in their interne year, which would necessitate the use of some objective method of observation by impartial experts. Lastly, some assessment of the remainder of the principal and associated objectives would require the collection of both routine and specially-designed data relating to the progress of experimental and control students throughout the course and for some years after they left the parent hospital. This last operation included the analysis of both sickness and wastage records and also a follow-up study to provide data on the short-term as well as the long-term achievements of this new method of nursing education.

118. The details of the characteristics, size and progress of the control groups for this part of the evaluation will be given in a later chapter of this study; but certain decisions as to which 'regular' students would provide the most effective controls had to be taken in the early stages of assessment planning. Two control groups were, in fact, considered adequate for this purpose. One group for obvious reasons had to be drawn from Glasgow Royal Infirmary itself, since these students would be available in the same hospital to participate in any special tests to be carried out in the wards and classrooms. A second or 'outer' control group was established in Edinburgh Royal Infirmary, as these students were known to be educationally closer in standard to the experimental students than any other group in Scotland. It was envisaged that these Edinburgh controls would be included in the analysis of performance in the General Nursing Council Final State Examination, and also in the routine records relating to wastage and sickness during training and, if possible, the follow-up study. It was never anticipated that it would be practicable to conduct specially designed ward and classroom tests in this second hospital.

119. Fairly detailed and extensive arrangements, as will be seen, were required to carry out these assessment projects, and the planning of these various phases and aspects of the work took the Committee approximately a year, from the autumn of 1957 to the autumn of 1958, to complete. During this period discussions were held with the Matrons of both Glasgow Royal Infirmary and Edinburgh Royal Infirmary as well as with the Director of the Experimental Course and the Principal Tutors of both hospitals. Some of the techniques to be used were unfamiliar and required considerable readjustment of nursing schedules and programmes within Glasgow Royal Infirmary. In both hospitals it was essential to get access to certain records, to specify control groups and to ascertain that necessary data relating to these groups of students

would always be available in years to come. It was in the course of such discussions that the experimental nurses came, for convenience, to be called the 'alternative' nurses, and this name has been used throughout the remainder of this report to distinguish them from the 'control' groups of students taking the traditional three-year course.

120. The second method of evaluation considered necessary by the Assessment Committee was the establishment of larger control groups of student nurses on a national basis with whom the characteristics, abilities and progress of the alternative students could also be compared. This method of investigation would inevitably lose much of the detail and precision obtainable in the first part of the evaluation already outlined, but would help to indicate the extent to which the new type of course might be viable nationally rather than locally. It was known that the two hospitals already providing the control groups for detailed comparison, Glasgow Royal Infirmary and Edinburgh Royal Infirmary, would be likely to enlist students considerably above the average level of ability; and unless it could be illustrated that this experiment was applicable to the average student nurses in Scotland, or Great Britain, a great deal of its *raison d'être* would be nullified.

121. To carry out this second aspect of evaluation a cohort study was commenced in fifty-two Scottish hospitals in September 1957 to study the background characteristics and progress of some two thousand student nurses commencing their training for the general, sick children's and infectious diseases registers of the General Nursing Council for Scotland. This study is still progressing, but it will be possible later in this report to make some direct comparison between certain achievements of the alternative students and these other 'average' student nurses all over Scotland.

122. The third aspect of evaluation policy which the Assessment Committee had to take into consideration was the expenditure involved in this new method of training. For it was implicit in certain of the measurable objectives of the new course that the money invested should show some reasonable return to the nursing profession in terms of wastage reduction and the provision of more trained personnel. In addition it was also essential that some comparative costing of the two methods of student nurse education being conducted in Glasgow Royal Infirmary should be attempted. This difficult task has been undertaken by two officers from the Finance Division of the Department of Health for Scotland, who attended meetings of the Assessment Committee.

123. The details of the planning of this assessment and the results achieved from the different tests and procedures used are presented in the remaining sections of this report. Parts 3 to 5 which relate principally to the first part of the evaluation are based on a detailed comparison of the new and old curricula and the performance of the alternative and Glasgow Royal Infirmary and Edinburgh Royal Infirmary control students in the various examinations and tests carried out both before and after the Final State Examination. Part 6 presents the second aspect of the evaluation where the background and achievements of the alternative students are compared with similar features among the average students all over Scotland. In Part 7 the Assessment Committee present a summary of their principal findings relating to the achievement of experimental objectives, and the possibility of extending this new method of nursing education. Part 8 is concerned with the comparative costing of the new and traditional methods of training.

Part 3. Analysis of the Experimental and Regular Courses and Students

CHAPTER VI

THE PRINCIPAL DIFFERENCES BETWEEN THE ALTERNATIVE AND REGULAR NURSING COURSES IN SCOTLAND

124. A study of the objectives of the experiment outlined in Chapter IV makes it apparent that their achievement would necessitate fairly drastic changes in the planning of the experimental course. Some of the major decisions which would be most likely to influence the new course were the reduction of the student syllabus to two instead of three years' duration, and the decrease of the students' working week from something over forty-six hours to forty hours. Other important changes included the almost complete elimination of night duty and the development of a more comprehensive type of course.

125. The general tendency in recent years when re-planning student courses in other professions has been to extend them, in order to increase the amount of knowledge acquired. It is certainly unusual in this age of specialisation to attempt to improve and develop a course which is simultaneously decreased in length. But the reasonableness of this policy had already been demonstrated in the Canadian experiments, and the proof of repetitiveness and misuse of the students' time illustrated in the Nuffield Job Analysis Study gave the Steering Committee an opportunity of trying to reconcile these apparently divergent trends.

126. If this experiment was to take shape at all, it was clear that a new syllabus in both the practical and theoretical fields would be required, and also that a new philosophy of student nurse status and educational method would have to be evolved. The Assessment Committee will, therefore, attempt to present the most significant of these new developments in this chapter, showing the main differences between the experimental and traditional method.

127. The material presented in this chapter has been obtained by two methods. Firstly, data and schedules relating to curriculum planning, working hours and syllabus content were made available to the Committee by the Matron and Principal Tutor of Glasgow Royal Infirmary and the Director of the Alternative Course. The detailed information provided is, therefore, up to date so far as is known, and any slight alterations which may have been made since in the experimental syllabus have been noted whenever possible. The other source of information was a systematic observation undertaken by a nurse member of the Assessment Committee of the experience available to the alternative students over their two-year course, as they progressed through the wards of Glasgow Royal Infirmary and other outside hospitals.

128. The purpose of this observation was not to attempt a critical assessment of experience acquired or standard of performance and technique attained, but to make a comparative analysis of the new as opposed to the traditional method of training. This observation covered every phase of the experimental course

and was arranged for both the parent hospital and the other outside hospitals through the good offices of the Matron of Glasgow Royal Infirmary. Several days of observation were carried out during each term of the course and free access was permitted the observer whenever desired in all the wards and departments of Glasgow Royal Infirmary. The outside hospitals visited were Glasgow Royal Maternity Hospital, Glasgow Royal Mental Hospital, the Royal Hospital for Sick Children, the Eye Infirmary and Belvidere Infectious Diseases Hospital; but in each instance all wards and departments were entered informally and not by appointment.

129. The discussion of the new and traditional courses has been divided into three sections in order to illustrate in the first place the major structural alteration in the experimental course which facilitated the growth of student status as compared with the traditional apprenticeship system of training. The last two sections will indicate how these new developments have been implemented in both the theoretical and practical syllabus.

THE PRINCIPAL DIFFERENCES BETWEEN THE STUDENT AND APPRENTICESHIP METHODS OF TRAINING

130. Some of the major alterations in the establishment of the new course related to the practical syllabus, and one of the most outstanding of these new features was the pre-planning of all the clinical experience throughout the two-year period. The alternative students knew the exact length and timing of every phase of the course, which was divided into six terms. There were three terms of sixteen weeks' duration in each year, which gave the course some appearance of an academic year more befitting the development of student status. In contrast to this position the regular students of Glasgow Royal Infirmary, as in all other hospitals, have only a general idea of the timing and type of practical experience available to them. In most hospitals there are in existence well-intentioned plans governing the allocation of students to various wards and departments, but although every effort is made to adhere to such schedules almost inevitably they are over-ruled by the more urgent needs of staffing the hospital, or coping with emergencies. Recent verification of this state of affairs was given in a study carried out in the area of the South-Eastern Metropolitan Regional Hospital Board of London:

"There can be little doubt that each hospital arranges its particular practical training in the light of the nursing service requirements of the hospital, whilst at the same time endeavouring to ensure that the nurse undergoing training gains sufficient practical experience which, allied to her theoretical training, will produce the desired standard necessary for taking the examinations . . . set by the General Nursing Council."¹

In this report it was also stated that students complained that their training lacked balance, and it was established that the brighter students are promoted to positions of responsibility more quickly, which increases this same tendency.²

131. Another contrast in the range of practical experience available to the two groups has been the amount of night duty carried out. For the alternative

¹ The Work of Student Nurses and Pupil Assistant Nurses, Report of the South-Eastern Metropolitan Area Nurse-Training Committee to the General Nursing Council for England and Wales, 1957—p. 27.

² *ibidem*, pp. 28 and 31.

students this was again specified in advance and could not exceed five to six weeks altogether over the two years. The regular students, however, in all hospitals have to undertake a much greater and more variable amount of night duty. According to the General Nursing Council regulations this should not exceed three months in any year of the course, but it may be undertaken at any time in each year and interrupted for such other purposes as study blocks or holidays. The total amount of night duty undertaken by each regular student can therefore vary from something like a few weeks to the greater part of a whole year before the Final State Examination is taken.

132. A second type of difference apparent in the two types of course was the much greater variety of clinical experience available to the alternative students. During their two-year course these students, in a series of visits to outside hospitals ranging from three weeks in the Eye Infirmary to seven weeks in the Royal Mental Hospital, had an unprecedented opportunity of learning about other specialised branches of the nursing service. It is not customary for regular student nurses in Scotland to get any experience in psychiatric or obstetric nursing care, two of the most important branches of the profession. The other advantage of gaining such additional experience was that it enabled the alternative students to assess where their own interests would lie at the completion of the course.

133. The difference between the amount and type of practical experience available to both groups of students is indicated in Table No. 2, which shows how the alternative students cover a wider range over shorter periods of time.

*The Range and Extent of Practical Experience
Available to Alternative and Glasgow Royal Infirmary Regular Students
on their respective Courses*

TABLE 2

	Alternative Students	Regular Students
Type of Experience	No. weeks	No. weeks
Medical Nursing	18*	30
Surgical Nursing	18†	30
Gynaecology	4	6
Paediatrics	4	6
Out-Patient and Casualty Departments	3	6
Special Departments { Ear, Nose and Throat	9	12
Dermatology		
Ophthalmology		
Operating Theatre	6	4
Infectious Diseases (including Tuberculosis)	5	8
Psychiatric Nursing	7	—
Obstetric Nursing	4	—
Domiciliary Nursing	2	—
Unspecified Experience	—	18

* This calculation has been based on the total length of the time allocated to medical and surgical nursing throughout the alternative course, and is approximately correct. It is difficult to specify the exact number of weeks, as during the first and second terms the alternative students only spent a very short time, one or two days per week, on the general wards.

† These figures have been based on the minimum number of weeks of practical experience required for general training by the Scottish General Nursing Council as from January 1st, 1956.

N.B.—It should also be remembered that the alternative students only at a maximum spent thirty-two hours per week in the wards, whereas the regular student in Glasgow Royal Infirmary at this time spends approximately forty-six and a quarter hours per week on the wards.

134. Another outcome of this more varied practical curriculum necessitated the removal of repetition from the experimental course—one of the principal

criticisms of the regular training system made by the Nuffield Job Analysis Study—if sufficient experience was to be gained in each field in the time allowed. Although the alternative students worked alongside the regular students on the wards giving patient care, as directed by their clinical instructor or the ward sister, whenever their allotted period of experience was completed they moved on to the next part of the course. This principle had to be used if these alternative students were to learn the various techniques and procedures in each department in the limited time available. There was no equally pressing need for the regular students to gain their practical experience at the same rate, except in a few specialty departments, such as gynaecology, theatres or dermatology, where the bed numbers are small and consequently the experience available for large numbers of regular students limited. But generally in the traditional course it is inevitable that a student nurse will be allocated to general medical and surgical wards on several occasions on day and night duty, so that the same necessity to learn as much as possible in a limited period of time does not exist.

135. The alternative students were greatly assisted in this different rate of assimilation by the presence of clinical instructors, whose work will be discussed in detail later in this chapter. Throughout the first year and whenever necessary in the second year these instructors were able to give individual tuition and supervision in all basic and technical nursing procedures to the alternative students; and some idea of the rapid absorption of knowledge and technique in the specialty field is indicated in the following list of procedures which the alternative students carried out during a four-week session at the Royal Maternity Hospital in Glasgow during the third term of the course.

Ante- and Post-Natal Wards

1. general nursing care of patient
2. bathing babies
3. infant feeding rounds
4. taking blood pressure
5. giving injections
6. catheterisation of patient
7. toilet and swabbing round
8. administration of enemata
9. urine testing

136. It should be noted that, apart from items 2, 3 and 7, which had to be specially demonstrated to the alternative students, all these procedures had been carried out by them in the first two terms of the course.

The Labour Ward

1. general nursing care of mother
2. bathing mother after delivery of baby
3. taking blood pressure
4. giving injections
5. helping midwife care for mother in first, second and third stages of labour, including listening to foetal heart, administration of trilene and gas and oxygen
6. catheterisation of patient
7. administration of enemata
8. vulval toilet

Premature Baby Unit

1. general nursing care of premature babies
2. bathing premature babies
3. feeding premature babies—with the exception of mixing special feeds and passing oesophageal tubes
4. toilet care

137. Because of the entirely different rate of acquiring practical experience and the many permutations of ward allocation possible in the regular course for each student it was impossible to compare the progress of the two student groups in any systematic way. On one occasion, however, during the middle of the first year it was possible to get some idea of the rate of progress made by students from each group at a similar stage in training. It soon became apparent that the alternative students had at this point carried out a wider variety of nursing procedures than the regulars, such as applying simple dressings, giving hypodermic and intramuscular injections and observing the administration of medicines in addition to the usual routine nursing procedures. The regular students, on the other hand, talked only of the frequent carrying out of routine procedures such as blanket bathing, care of oral hygiene, feeding patients and care of pressure areas.

138. A third notable difference in the type of practical experience available to the two groups could be seen by the amount of responsibility assumed for patient care before taking the Final State Examination. It was apparent that the student status enjoyed by the alternative groups considerably retarded the development of this particular quality, whereas all the conditions of the regular course favoured its growth. The alternative students, in addition to their supernumerary status, were never working in the wards for more than thirty-two hours in any week as compared with the forty-six and a quarter hours of duty carried out by the regulars. Similarly, as already indicated, they usually stayed on each ward for a shorter number of weeks, which also prevented the development of responsibility for patient care. Only in the fifth and sixth terms of the course did the alternative students, when working in Glasgow Royal Infirmary, actually replace a regular student to some extent in the ward team.

139. The most vivid contrast in the level of responsibility assumed by students in the two groups was observed on night duty when a regular student in her second year would frequently be put in charge of the ward whilst an alternative student of the same seniority was always the junior night nurse of the team for a period of three weeks only.

140. Similar variations were noticeable in the theoretical part of the two courses. The most outstanding difference in this respect was the continuity of learning possible in the experimental course compared with the intermittent facilities available to the regular students. During every week of the course the alternative students spent at least one day in their classroom, where theory was always integrated as closely as possible with practical experience. This integration of theory and practice was also assisted by the presence of both tutors and clinical instructors with the students in the wards and classrooms. The position of the regular students was once again very different. Their acquisition of theoretical knowledge was certainly planned in advance, but took place in a series of study 'blocks' of about two to three weeks' duration held once or twice a year. After the Preliminary State Examination was passed there were three such 'blocks' in Glasgow Royal Infirmary, which is typical

of the regular training school pattern. One was entitled the 'surgical block', one the 'medical block' and the last the 'specialty block'. The name of each study block indicates the concentration upon one aspect of theory at a time irrespective of whatever practical ward experience the students might or might not have had.

141. The integrated versus the intermittent method of presenting the theoretical programmes of the two courses is illustrated in Table No. 3.

142. This continuity of learning available to the alternative student also assisted the development of other characteristics which differentiated them from the regular type of student nurse. The fact that they were all getting similar theoretical and practical experience at the same time made for a noticeable sense of group loyalty and the development of friendships on a permanent basis. This homogeneity was further assisted by the fact that the alternative students were permitted to take their Final State Examination at the completion of their two-year course, irrespective of the amount of sick leave they had, so long as any lectures missed were made up before taking the examination. Again the regular students were deprived of these particular facilities, as the only time they spent together was during the study 'blocks', and even then they could be requested to join a more junior group, if they had exceeded the official length of sickness absence permitted by the General Nursing Council.

143. Another notable difference in the educational aspect of the two courses was the variation in tutor-student ratios. In the experimental course there were five qualified teachers—two nurse-tutors, two clinical instructors in addition to the Director of the course, herself a qualified tutor—to supervise the education of fifty students at a time. This ratio of one to ten compared most favourably with the regular course where there were some seven teachers—five qualified tutors and two unqualified tutors—between the Preliminary Training School and the senior School of Nursing for some three hundred and fifty students, or a ratio of approximately one to fifty. It was, therefore, possible for the alternative students to develop a continuous and close working relationship with their tutors, and the opportunity of teaching and discussing problems in small groups was much more effectively achieved than in the much larger regular groups.

144. It was fortunate that it was possible to observe these principal differences between the new and old methods of training in one hospital. Nor did the existence of the experiment appear to affect the customary placement and experience available to the regular students in any undesirable way, as the alternative groups were small in size and were fairly easily dispersed over such a large hospital, as well as spending considerable periods of time elsewhere. There were just a few occasions in the specialty departments of Glasgow Royal Infirmary when both groups of students were competing seriously for similar practical experience, but these were short-lived episodes, and on the whole the precision of the experimental course was so different from the more gradual and less scheduled arrangements made for the regular students that the needs of both groups could be reasonably catered for in such a large hospital.

THE IMPLEMENTATION OF THE THEORETICAL SYLLABUS OF THE ALTERNATIVE COURSE

145. The development of the experimental course has necessitated the use of certain different educational methods in order to cover this wider syllabus in

a shorter period of time. The first change required was the concentration of all the lectures into a two-year rather than a three-year period; and in Table No. 4 the variation and distribution of theoretical instruction throughout the two courses—experimental and regular—is compared.

Integrated versus Intermittent Arrangement of Theoretical Programmes in the Experimental and Glasgow Royal Infirmary Regular Courses

TABLE 3

	Alternative Students				Regular Students		
	Period of Course	Theory	Practice		Period of Course	Theory	Practice
		Hrs./week	Hrs./week			Hrs./week	Hrs./week
			N/S	C/I			
FIRST YEAR	Term I 4 weeks 12 weeks	36 32	2 3	2 5	P.T.S. 5 weeks 1 week on wards P.T.S. 6½ weeks	40 — 40	— 40 —
	Term II 16 weeks	16	18	6	From P.T.S. to 1st R.B. 10½ weeks 1 week R.B.	— 40	46½ —
	Term III 12 weeks 2 weeks (N.D.) 2 weeks	8 — 8	24 28 —	8 12 32	From 1st R.B. to 2nd R.B. 23 weeks R.B. 1 week	— 40	46½ —
	Term IV 9 weeks 7 weeks	7 7	29 27	4 6	1st half 2nd year 21 weeks Medical Block	— 40	46½ —
	Term V 8 weeks 3 weeks (N.D.) 5 weeks	7 — 7	30 40 23	3 — 10	2nd half 2nd year 21 weeks Surgical Block	— 40	46½ —
	Term VI 8 weeks 8 weeks	7 7	33 31	— 2			
THIRD YEAR	The Interne Year One full day each month spent in the classroom by the alterna- tive nurses.				1st half 3rd year 20 weeks 3½ weeks	— 40	46½ —
					2nd half 3rd year 22 weeks 2 weeks R.B.	— 40	46½ —

P.T.S. refers to Preliminary Training School

N/S refers to nursing service

N.D. refers to night duty

R.B. refers to Revision Block

C/I refers to clinical instruction

146. The second point which is illustrated by a study of the respective syllabuses is the difference in the pace of education. For instance, the alternative students had the greater number of their medical lectures and tutorials during the first year of the course. By the fifth term they were left with only ten lectures on infectious diseases, six theatre tutorials and four lectures on professional organisation to complete their syllabus. They, therefore, had an opportunity of revising material for quite a considerable part of the fifth term and nearly the whole of the sixth term. In contrast to this situation the regular students did not receive any doctors' lectures at all in their first year, and still had a large number of them to receive in their third year.

147. It must be remembered, however, that in the regular three-year course it is the general practice not to introduce the students to new material for the final part of the syllabus until the Preliminary State Examination has been successfully passed after the completion of one year in hospital. The alternative students were not affected by this consideration, since they were not required to take the Preliminary State Examination, and so after completing the necessary lectures for this part of the course in their first term they were able to move on to the other parts of the syllabus right away. In the second and third terms, which are still part of the experimental first year, the alternative students had received all their lectures on general medicine and surgery and many of the lectures on specialty subjects, such as paediatrics, gynaecology, radiotherapy, pharmacology,¹ bacteriology and dietetics, which the regular students did not get until they reached the study blocks in the second or third year.

148. Another difference to note was in the actual content of the subjects covered. Some subjects were included in both courses, but could be given in more detail in the experimental course. There were also new subjects added to the experimental syllabus, which, as Table No. 5 illustrates, gave it a more comprehensive coverage. These subjects included obstetrical nursing, applied anatomy and physiology, psychology, clinical psychiatry and ward administration. In this way the syllabus was designed to achieve the dual objectives of covering a wider range of subjects in a shorter period of time.

*The Principal Additional Lectures and Tutorials taught
in the Experimental Course compared with the Glasgow
Royal Infirmary Regular Course*

TABLE 5

	Subjects	Alternative Students		G.R.I. Control Students	
		Lectures	Tutorials	Lectures	Tutorials
1	Applied Anatomy and Physiology	—	28	—	—
2	Psychology	—	10	—	—
3	Obstetric Nursing	—	4	—	—
4	Professional Affairs	—	8½	—	—
5	Cookery and Domestic Science	—	35	—	12
6	General Science	—	10	—	2
7	Psychiatry	9	8	2	—
8	Paediatrics	4	6	4	1
9	Pharmacology	10	10	10	—
10	Bacteriology	4	14½	3	3
11	Practical Nursing Procedures	—	217	—	171½

¹ Pharmacology was originally taught in the second term, but it was found after the first year that the theoretical syllabus was over-loaded in the second term, and so it was transferred almost entirely to the third term.

149. Such a concentrated theoretical syllabus necessitated not only a much higher proportion of teachers to students, which has already been noted, but the use of different educational techniques. Two such features of special interest in the experimental course were the presentation of case histories and specially-assigned projects. Many case histories were compiled by each student throughout the course, and whenever they were relevant to the lectures being given on any study day then one or more of them would be presented to the whole class. Project assignments, on the other hand, were not introduced until the fifth term, and were used in the last two terms as a useful method of self-revision. The technique was to give each student one aspect of a broad subject, such as surgery of the abdomen, to prepare theoretically or for practical demonstration. For this subject some nurses had to prepare a ten- to twenty-minute paper on the cause, diagnosis or treatment of major abdominal conditions, whilst other students had to give a practical demonstration of some of the nursing procedures required in the treatment of such illness. These contributions by the students were inevitably more time-consuming, but had the advantage of making them direct participants in the teaching process, and also enabled them to gain poise and confidence in themselves.

150. Another interesting procedure practised at the experimental school in Clevedon Road was student counselling. This meant that the student could, during certain study periods, seek special advice and help from a tutor or clinical instructor on any subject which she found obscure or difficult to understand. The correlation of ward work and theoretical teaching made it possible for the tutors and clinical instructors to keep pace with diagnosis and treatment of most of the patients in the wards to which these students were allocated. This feature not only stimulated discussion in the classroom, but injected a sense of reality into the whole teaching programme.

151. These special techniques were not available to the regular students whose larger classes, relatively smaller number of teachers and intermittent theoretical instruction all made such experimentation impracticable. Nearly all their teaching was carried out formally and study periods frequently supervised.

152. But even in the experimental course many of the more traditional methods of teaching were also retained. The structure and length of the study day was basically similar to that of the regular course. It lasted from 8.30 a.m. to 5.45 p.m. and was interspersed with one or two formal lectures from doctors or medical ancillaries, which were expanded or simplified, as necessary, by the tutors. There was a practical demonstration nearly every study day directly relating to the part of the course under consideration, and the students prepared their apparatus and demonstrated nursing techniques to one another under the supervision of the clinical instructors.

153. On most occasions during the course the students took their own notes, and these were only dictated to them in the case of certain more intricate nursing procedures. During many of the study periods they were expected to prepare a specific subject for some forthcoming test or examination. In one respect the experimental course more than matched the regular one and that was in the number of tests and examinations to be carried out. Table No. 6 indicates that the alternative students were confronted with a considerably higher number of them in two years than were the regular nurses in their three-year course.

*The Number of Tests and Examinations
taken by the Alternative and Glasgow Royal Infirmary Regular Students
during their respective Courses (excluding General Nursing
Council Examinations)*

TABLE 6

Alternative Students.				Regular Students			
Period of Course	No. of Tests	No. of Exams.		Period of Course	No. of Tests	No. of Exams.	
		W/P*	V/V†			W/P*	V/V†
First Year				First Year			
Term I	20	6	8	P.T.S.	18	7	1
Term II	12	6	3	1st Revision Block	1	2	—
Term III	5	5	—	2nd Revision Block	1	2	2
Second Year				Second Year			
Term IV	5	5	—	Medical Block	3	1	1
Term V	2	2	—	Surgical Block	3	1	1
Term VI	5	2	—	Third Year			
				Specialty Block	3	4	1
				Revision Block	5	—	—
Total	49	26	11	Total	34	17	6

* W/P refers to Written and Practical examinations.

† V/V refers to Viva Voce examinations.

THE IMPLEMENTATION OF THE PRACTICAL SYLLABUS OF THE EXPERIMENTAL COURSE

154. The arrangement of practical experience in the experimental course also needed special implementation, if all the requirements of the new syllabus were to be met in a two-year period. As indicated earlier, the time spent by these alternative students in the wards was much shorter than the regular groups, and the extent of this difference is illustrated in Table No. 7. The calculations of the number of hours spent on the wards by the two groups of students has been based on the forty and forty-six and a quarter hour working week of the alternative and regular students respectively. This rate for the regular students was based on an assessment over their three-year course made by the Matron of Glasgow Royal Infirmary, and can be regarded as typical of other hospitals too. The new official working week for the regular students is now forty-four hours only, but is usually exceeded. The time spent by both groups of students in their classrooms have also been excluded from these figures.

155. It should also be noted that whereas the regular student spent all her time giving direct nursing service to the patients, about one quarter of the time spent on the wards by the alternative students was devoted to clinical instruction. Although this instruction was always based on the nursing programme of the ward, the contribution of these students to the nursing team was inevitably reduced at such times. The proportion of time spent under clinical instruction was, however, considerably reduced in the second year, as illustrated in this table.

156. This process of practical assimilation was greatly assisted by the employment of two clinical instructors on the staff of the experimental school.

The employment of such personnel was not entirely new, but this was the first time that the instructors were able to supervise carefully the work of a small number of students throughout their course.

157. Not only is it difficult to find the personnel for this function, but it has also been feared that the introduction of these practical nurse instructors would jeopardise the ward sisters' overall responsibility for total nursing care of the patients. On the other hand, there had been a plea for the use of more clinical instruction for student nurses in the Nuffield Job Analysis, the main-spring of the present experiment. It was quickly apparent that no such fears need be harboured when the ward sisters and clinical instructors are able,

*The Number of Hours of Practical Ward Work
carried out by the Alternative and Glasgow Royal
Infirmary Regular Students*

TABLE 7

	Alternative Students			Regular Students	
	Period of Course	N/S* hours	C/I† hours	Period of Course	N/S* hours
FIRST YEAR	Term I	68	44	P.T.S.	40
	Term II	288	96	From end of P.T.S. to 1st Revision Block	463
	Term III	344	184	From 1st to 2nd Revision Block	1058
	Total in 1st Year	700	324	Total in 1st Year	1561
SECOND YEAR	Term IV	450	78	1st half of 2nd Year (to Medical Block)	958
	Term V	458	84	2nd half of 2nd Year (to Surgical Block)	950
	Term VI	512	16	Total in 2nd Year	1908
	Total in 2nd Year	1420	178		
THIRD YEAR	Interne Year Nursing service given is approximately 2024 hours			1st half of 3rd Year	943
				2nd half of 3rd Year	1012
TOTAL STUDENT SERVICE 2120 502				TOTAL STUDENT SERVICE	5424

* N/S refers to Nursing Service.

† C/I refers to Clinical Instruction.

objective-minded people; and indeed far from detracting from the ward sisters' authority this new method appeared to strengthen it.¹

158. Whether working inside or outside Glasgow Royal Infirmary the clinical instructors always consulted the sister or staff nurse on duty as soon as they came to the ward about her programme for the day, and sought permission for carrying out or supervising any nursing procedure with the alternative students working there. This discussion and agreement between the instructors and the ward sisters ensured the success of this new work, and such effective co-operation also prevented any serious friction arising between the claims of the alternative and regular groups of students to practise new or advanced nursing techniques.

159. The following list shows the range and quantity of work accomplished by a clinical instructor during one day in the second term of the course.

¹ Frequently clinical instruction was also given by the two nurse-tutors on the staff of the alternative course. Sometimes the wide dispersal of students made this necessary, but on several occasions unexpected illness amongst the teaching staff necessitated the assistance of the tutors in clinical instruction.

*Demonstration and Ward Teaching
carried out in one day by a Clinical Instructor*

(i) 8.30 a.m.—10.0 a.m.

Visited all seven surgical wards to which alternative students were allocated to discuss arrangement of demonstration with ward sisters.

(ii) 10.15 a.m.—1.0 p.m.

1½ hours (approximately) spent with two students in theatre observing hemi-colectomy operation.

Supervision of two students carrying out oral toilet for patient with fractured mandible.

Demonstration of irrigation of eye—two students.

Demonstration of intravenous infusion given pre-operatively to diabetic patient—two students.

(iii) 1.45 p.m.—5.0 p.m.

Demonstration of colostomy lavage—two students.

Supervision of hypodermic injection of morphia given by one student.

Checking clinical instruction book for eight students.

Discussion of case history progress with four students.

160. As far as the alternative students were concerned the role of the clinical instructor fell into two distinct phases. In the first two terms of the course, and whenever the students were attached to hospitals outside Glasgow Royal Infirmary, the clinical instructors were principally concerned with the demonstration and supervision of new nursing techniques. In the first instance, they usually demonstrated a procedure for one or two alternative students, themselves carrying out the treatment or nursing care required by the patient. The next time they supervised the student, and when they were satisfied that the nurse was proficient they then signed her clinical instruction book to this effect.¹

161. When the basic nursing procedures had been learned, as most of them were by the end of the first year of the course, the need for such close supervision decreased, and the second phase of the clinical instructor's role emerged. This was a supervisory one, and it could mean that she saw the student only once or twice a week. In fact this stage was reached by the fifth term, when the alternative students were working on the wards of the parent hospital for the second time. The students began at this time to gain more confidence in their own abilities: they had received instruction in almost all the routine basic and technical nursing procedures. This development of greater independence was spontaneous, and coincided with the additional time and attention the clinical instructors had to give the junior students in their first year of the course.

162. In fairness to both the alternative students and the trained nursing staff of Glasgow Royal Infirmary and other outside hospitals visited, it should be noted that even in the earlier part of the course the clinical instructors were

¹ This clinical instruction book was signed throughout the course indicating the range of nursing techniques learned by the individual alternative student. It was maintained in addition to the official General Nursing Council record of practical procedures kept for all student nurses preparing for the Final State Examination.

only with individual students for a limited period of time, as they had to move from ward to ward carrying out their programme of instruction. So that, under this system, for long periods of time the alternative students were directed by the ward sisters and staff nurses, and duties were allocated to them along with the other regular students or auxiliary nursing staff.

163. For the regular students there were no clinical instructors available in Glasgow Royal Infirmary during the course of this experiment, so that these students had to gain their practical experience as best they could whenever the ward sister, staff nurse or a senior student colleague had time to demonstrate or assist. This is the usual procedure in the working of the traditional apprenticeship system.

164. There was, however, one important aspect of practical nursing experience which received little attention in the experiment. No serious attempt was made to develop the concept of team or group assignment nursing as an alternative method to job-assignment nursing usually practised in hospitals in this country. It has been admitted by the Steering Committee that, whilst preferring to use the team assignment method of patient care, they considered that it would be difficult to do so with the facilities at their disposal.¹ Team nursing does necessitate the use of more personnel and requires more time for teaching than the usual job-assignment method generally practised in hospitals, and the difficulty of making such different arrangements in this large and busy hospital were obvious.

165. The opportunity of making a small-scale experiment on these lines did, however, seem to present itself towards the end of the sixth term when groups of alternative students were working together on one or two general wards. Although for a few weeks alternative students in the first and second, as well as the interne year of the course, were divided into two teams on two different surgical wards no effective team nursing was practised. This was partly due to the fact that these nurses, with the exception of the internes, had to be recalled to the classroom at least once a week, and were only available to give a maximum of thirty-two hours' service per week to the wards. It was also apparent that the structure of the wards in Glasgow Royal Infirmary was not well suited to this form of nursing, as they all had toilet annexes at one end and kitchens at the other, which always makes it difficult to establish a realistic pattern of communication between a group of patients and a nursing team. After a trial period of a few weeks this policy had to be abandoned, which was disappointing in view of the fact that it is becoming more important to introduce student nurses to the concept of team nursing as smaller ward units and individual cubicles are constructed in the new and modernised hospitals.

¹ Team nursing is the use of a group of nurses to undertake the total nursing care of a certain limited number of patients.

Job-assignment nursing is the allocation of one nursing task to one student to carry out for a whole ward of patients.

CHAPTER VII

AN ANALYSIS OF THE CHARACTERISTICS OF THE ALTERNATIVE AND CONTROL STUDENTS

THE COMPOSITION OF THE ALTERNATIVE AND CONTROL GROUPS

166. The importance of establishing control groups of students in Glasgow Royal Infirmary and Edinburgh Royal Infirmary who could be used as a yardstick for the measurement of the achievement and progress of the alternative students has already been mentioned in Chapter V of this Report.

167. It will be recalled that although the experiment had begun in September 1956, the Assessment Committee was itself not established until the summer of 1957. For this reason the selection of the control groups of nurses for this study was necessarily a retrospective procedure, including students commencing their course as early as August and September 1955, when no thought had been given to their participation in this evaluation. Consequently, in a number of respects, the control groups do not match the alternative group exactly. To have eliminated such differences, however, it would have been necessary to match the two groups of students by personal and educational characteristics before the experiment began.

168. As specified in the plans of the experiment, seventy-five alternative students in all were recruited over the three-year period, twenty-four commencing the course in September 1956, twenty-six in September 1957, and twenty-five in September 1958. These nurses would, therefore, be eligible to take their Final State Examination in October 1958, October 1959 and October 1960 respectively. This examination was taken as the central consideration in planning the establishment of the control groups of students, which consisted accordingly of all the students commencing their course in Glasgow Royal Infirmary in August and September 1955, August and September 1956 and August and September 1957, all of whom would be eligible, if their records in relation to health and performance were satisfactory, to take the Final State Examination on the same three occasions as the alternative students. The Edinburgh Royal Infirmary control groups commenced their course at similar times.

169. In the establishment of the control groups the Committee also decided that it would be advisable to include the pre-nursing school students in the same hospitals, who would be taking the full three-year course at the same time, since they usually represented somewhere between 20 to 30 per cent. of the student population in these hospitals. These pre-nursing students had nearly all left school at fifteen or sixteen years of age, but had attended a pre-nursing college for at least a year. Most of them had taken a two-year course at these colleges, which prepared them for the theoretical papers of Part I of the General Nursing Council's Preliminary State Examination and in addition certain other school curriculum subjects were usually continued, though not to School Leaving Certificate standard. On entering the hospital training school, however,

these students had to complete the full three-year general nursing course, and had no previous practical nursing experience.

170. There were a few students entering these two hospitals at these particular times who were excluded from these control groups, as they had already acquired another nursing qualification such as the Sick Children's or Infectious Diseases certificates of the General Nursing Council and therefore had only two years' general training to undertake. It will also be seen from Table No. 12 that a few other students had certificates of the Scottish Nursery Nurses Examination Board or the Orthopaedic Nursing Certificate, but these students were included in the control groups as they had still to complete the three-year course in a general hospital.

171. In the following tables in this and later chapters the control students are frequently divided into two groups. One group is classified as the 'regular' control and is composed of all those students who have not previously attended a pre-nursing school; but because of the notably different characteristics of this latter group they have been frequently classified separately as the 'pre-nursing' controls. Both the control groups together are labelled throughout the report as 'combined' controls.

172. The following table indicates the number of alternative and control students included in this evaluation study.

Date of Commencement of Course and Number of Alternative and Control Students in the Evaluation Study

TABLE 8

	Date of Commencement of Course	Alternative Students	Glasgow Royal Infirmary		Edinburgh Royal Infirmary	
			Regular Control	P.N.S. Control	Regular Control	P.N.S. Control
1st group of students eligible to take Final State Examination in October 1958*	August 1955	—	23	11	—	28
	September 1955	—	24	—	26	—
	September 1956	24	—	—	—	—
2nd group of students eligible to take Final State Examination in October 1959*	August 1956	—	17	19	—	17
	September 1956	—	6	—	48	—
	September 1957	26	—	—	—	—
3rd group of students eligible to take Final State Examination in October 1960*	August 1957	—	23	20	—	19
	September 1957	—	25	—	49	—
	September 1958	25	—	—	—	—
Total number of students in each group		75	118	50	123	64

* This is the Final State Examination of the General Nursing Council for Scotland.
P.N.S. refers to Pre-Nursing students.

173. One further point must be mentioned regarding the composition of the control groups. It will be noted later in this study that on certain occasions it was quite impossible to carry out all the evaluation procedures on the original group of control students. For instance, some might have left the hospital, or a few might be off sick or on duties which made their participation impracticable on a particular occasion. In such cases other nurses at a similar stage in their course were asked to take their place in one special aspect of the study; but these discrepancies will be noted and explained whenever necessary.

THE EDUCATIONAL AND PERSONAL BACKGROUND OF THE ALTERNATIVE AND CONTROL STUDENTS

174. Much discussion had taken place in the Steering Committee as to the type of student required for the experimental course. It was naturally appreciated that reasonable consideration would have to be given to the educational standards of these students, as they would have to assimilate more theory over a shorter period of time, and also be able to do some study for themselves during the course. It was equally felt that it would not be a good policy to recruit atypical students, since the analysis of the accomplishments of an experimental group would be of greater significance if they could be related to national standards. The official recruitment policy of the Steering Committee was finally stated as follows:

"The age requirement for students in this experiment should not be less than eighteen and preferably not more than twenty-five. The course will be intensive and whilst the danger of recruiting an atypical group must be guarded against, it will be necessary to secure a certain average level of intelligence so that the experiment can work reasonably smoothly. It may, therefore, be necessary to have an educational test for those applicants who do not already possess an adequate Higher Leaving Certificate or its equivalent."¹

175. A considerable degree of atypicality, however, in the composition of the alternative groups has to be noted, if they are compared with the control students even in their own hospital. This difference is most noticeable in relation to their educational background, which is illustrated in Table No. 9. The other tables, Nos. 10 to 13 inclusive, indicate the school leaving age, nursing age and previous experience of the alternative and the control students respectively.

*Percentage of Alternative and Control Students
with School Leaving Certificate*

TABLE 9

Educational Standard achieved at school	Alternative Students	Glasgow Royal Infirmary			Edinburgh Royal Infirmary		
		Regular Control	P.N.S.* Control	Combined Control	Regular Control	P.N.S.* Control	Combined Control
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
School Leaving Certificate with University Entrance	22.7	6.0	—	4.1	13.8	—	9.0
School Leaving Certificate without University Entrance	73.3	40.2	2.0	28.6	78.0	12.5	55.6
No School Leaving Certificate	4.0	53.8	98.0	67.3	8.2	87.5	35.4
Total Percentage	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Number of Students in Group	75	118	50	168	123	64	187

N.B. Five of the alternative students (6.6 per cent.) and one of the Edinburgh Royal Infirmary students already possess a university degree.

* P.N.S. refers to pre-nursing school students.

¹ Report of Steering Committee of Scottish Health Services Council (unpublished document).

*Age of Alternative and Control Students at the
Commencement of the Course*

TABLE 10

Age of Students at Commencement of Course	Alternative Students	Glasgow Royal Infirmary			Edinburgh Royal Infirmary		
		Regular Control	P.N.S.* Control	Com- bined Control	Regular Control	P.N.S.* Control	Com- bined Control
		Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
Students commencing at 17-6-18-0	20-0	20-3	48-0	28-6	1-7	21-9	8-6
Students commencing at 18-1-18-6	40-0	35-6	34-0	35-1	66-5	56-2	63-1
Students commencing at 18-7-19-0	20-0	17-0	16-0	16-1	17-9	21-9	19-3
Students commencing at 19-1-20-0	5-3	11-0	2-0	8-9	4-9	—	3-2
Students commencing at 20-1-25-0	13-3	14-4	—	10-1	8-2	—	5-3
Students commencing at over 25 years	1-4	1-7	—	1-2	0-8	—	0-5
Total Percentage	100-0	100-0	100-0	100-0	100-0	100-0	100-0
Total No. of Students in group	75	118	50	168	123	64	187

* P.N.S. refers to pre-nursing school students.

*Type of Job held by Alternative and Control Students after
leaving School*

TABLE 11

Type of Jobs held	Alternative Students	Glasgow Royal Infirmary			Edinburgh Royal Infirmary		
		Regular Control	P.N.S.* Control	Com- bined Control	Regular Control	P.N.S.* Control	Com- bined Control
		No.	No.	No.	No.	No.	No.
Office or clerical jobs	9	42	1	43	15	—	15
Shop Assistants	2	16	—	16	1	—	1
Domestic or factory work	4	1	—	1	2	—	2
Semi-professional work	—	4	1	5	2	—	2
Uniform jobs (Forces)	—	1	—	1	1	—	1
Professional jobs	1	1	—	1	1	—	1
Total No. who have held any kind of jobs	15	61	2	63	20	—	20
Total No. of students in group	75	118	50	168	123	64	187
Percentage of group who have held jobs	20-0	51-7	4-0	37-5	16-2	—	10-7

N.B. A few of these students have held more than one job and therefore the number of jobs enumerated frequently exceed the total number of students listed as having done a job.

* P.N.S. refers to pre-nursing school students.

The Number of Alternative and Control Students who have previously passed official Nursing Examinations

TABLE 12

Type of Examination passed	Alternative Students	Glasgow Royal Infirmary			Edinburgh Royal Infirmary		
		Regular Control	P.N.S.* Control	Combined Control	Regular Control	P.N.S.* Control	Combined Control
	No.	No.	No.	No.	No.	No.	No.
Students who have passed P.S.E. Pt. I†	—	—	49	49	—	60	60
Students who have S.N.N.E.B. or O.N.C.‡	1	9	—	9	—	—	—
Students who have NOT passed official nursing examination	74	109	1	110	123	4	127
Total number of students in group	75	118	50	168	123	64	187
Percentage who have passed official examination	1.3%	7.6%	98.0%	34.5%	—	93.7%	32.1%

* P.N.S. refers to pre-nursing school students.

† P.S.E. Pt. I refers to Preliminary State Examination Part I of the General Nursing Council which is taken by nearly all students attending the pre-nursing schools.

‡ O.N.C. refers to Orthopaedic Nursing Certificate.

S.N.N.E.B. refers to Scottish Nursery Nurses Examination Board.

Students in Alternative and Control groups who have had previous hospital nursing experience

TABLE 13

Previous Nursing Experience	Alternative Students	Glasgow Royal Infirmary			Edinburgh Royal Infirmary		
		Regular Control	P.N.S.* Control	Combined Control	Regular Control	P.N.S.* Control	Combined Control
	No.	No.	No.	No.	No.	No.	No.
As trained or Student Nurses	1	10	—	10	1	—	1
As auxiliaries or ward orderlies	11	14	1	15	10	—	10
As Red Cross Cadets or in N.H.S.R.†	1	4	—	4	2	—	2
Students who had no nursing experience	62	90	49	139	110	64	174
Total No. of students in group	75	118	50	168	123	64	187
Percentage of students with nursing experience	17.3%	23.7%	2.0%	17.3%	10.5%	—	6.9%

* Refers to pre-nursing school students.

† N.H.S.R. refers to National Hospital Service Reserve nurses, who give a specified number of hours of service in hospital wards over a period of time to learn some basic nursing in case of a national emergency.

176. From Table No. 9 it will be seen that the alternative students as a group are similar educationally to the Edinburgh Royal Infirmary regular control only. The Glasgow Royal Infirmary regular control group, however, fall somewhere between the comparatively high educational level of the alternative students and the two pre-nursing school groups at the other extreme. On the other hand, Table No. 10 illustrates considerably more homogeneity in the age of the Edinburgh Royal Infirmary controls than in either the Glasgow alternative or control groups. Such a difference might be a matter of coincidence rather than a planned difference in policy, since the entrance age preference of eighteen to twenty-five years was similar for all these groups of students. Quite a number of students in the alternative and Glasgow Royal Infirmary control groups had, however, commenced before the age of eighteen, whereas only a very few of them in any group were over twenty-five years of age at the beginning of their course.

177. Tables Nos. 11 to 13, however, show no clear-cut differentiation between the alternative and control groups. Table No. 11 illustrates that, with the exception of the Glasgow Royal Infirmary regular control group, the majority of the students have not previously had any regular paid employment. Very few of either the alternative or control students have passed any nursing examination before coming into their course, with the notable exception of the pre-nursing school students nearly all of whom passed the first part of the Preliminary State Examination before leaving their pre-nursing school. A few students had also passed the Scottish Nursery Nurses' Examination or the Orthopaedic Nursing Certificate, both of which are two-year courses outside the auspices of the General Nursing Council. Similarly, Table No. 11 shows that over 75 per cent. of the alternative and control students have not done any nursing in hospital wards before starting their course, and those who have done such work have nearly all been employed as nursing auxiliaries, ward orderlies or cadets.

THE RECRUITMENT OF STUDENTS FOR THE ALTERNATIVE AND CONTROL COURSES

178. The Steering Committee, as already noted, had laid down some general principles for the selection of students for the experimental course. At the same time, however, it must be remembered that this course was to take place in one of Scotland's largest schools for student nurses. Approximately twenty-five students are recruited for this hospital at six-weekly intervals between August of one year and June of the next year, so that something like a hundred and ten to a hundred and fifty students enter this school of nursing annually. This factor has had a considerable bearing upon recruitment for the experimental course, in so far as the Matron of the hospital repeatedly stated her intention of maintaining as far as possible the usual standard of ability amongst the regular intake of students for the three-year course, despite the existence of the experimental course.

179. The official method of recruitment for alternative and control students in Glasgow Royal Infirmary was similar. Candidates for both courses were interviewed by the Matron of the hospital, if their application forms and two references had been considered satisfactory. Applicants for the alternative course were also seen by the Director of the Experimental School and students for the regular course by the Principal Tutor of the School of Nursing in Glasgow Royal Infirmary. Candidates of both groups were also expected to

carry out the National Institute of Industrial Psychology Group Test 33,¹ and the candidates applying for the regular course who had no school leaving certificate were also asked to complete in addition a short test which included an essay, spelling and arithmetic.

180. In both courses candidates with scores in the intelligence test below 100 were not as a rule eligible, but in fact, as can be seen from Table No. 14, quite a few (17.2 per cent.) were given a place in the three-year school, whilst in the three alternative groups no students had a score below 100 and only 4 per cent. had scores between 100 and 109. As the Matron indicated, however, there are various reasons for permitting these educationally doubtful candidates to commence the regular course. There is at the moment no statutory entrance standard for student nurses, and every hospital is, therefore, at liberty to select for itself the candidates considered to be most suitable. Thus allowances are frequently made for candidates with relatives who have trained at the same hospital, or for those whose personality and enthusiasm seem to make good an apparent intellectual deficiency.

*Distribution of the Intelligence Scores of the
Alternative and Control Students in Glasgow Royal Infirmary in
the National Institute of Industrial Psychology Group Test 33*

TABLE 14

Score	Alternative Students		Glasgow Royal Infirmary†					
			Regular Control		P.N.S.* Control		Combined Control	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
180-190	1	1.3	—	—	—	—	—	—
170-179	3	4.0	—	—	—	—	—	—
160-169	7	9.4	—	—	—	—	—	—
150-159	7	9.4	4	5.6	2	5.1	6	5.4
140-149	15	20.0	10	14.1	6	15.4	16	14.5
130-139	21	28.0	17	23.9	3	7.7	20	18.1
120-129	13	17.3	14	19.8	7	17.9	21	19.1
110-119	5	6.6	14	19.8	6	15.4	20	18.1
100-109	3	4.0	4	5.6	3	7.7	7	6.5
90-99	—	—	5	7.0	6	15.4	11	10.2
80-89	—	—	2	2.8	4	10.2	6	5.4
70-79	—	—	—	—	1	2.6	1	0.9
60-69	—	—	—	—	1	2.6	1	0.9
score unknown	—	—	1	1.4	—	—	1	0.9
Total students and Percentages	75	100.0	71	100.0	39	100.0	110	100.0

* P.N.S. refers to pre-nursing school students.

† The scores for the control group relate only to the 1936 and 1937 groups as a different test had been used in 1935 for these students.

Not only, however, was the composition of the control group affected by these more personal considerations, but its strength was further diluted by the need to recruit suitable students for the experimental course. For various reasons it proved difficult to get sufficient adequately qualified students for each intake,

¹ The N.I.I.P. Group Test 33 is a primarily verbal group test of general intelligence, designed by the National Institute of Industrial Psychology. It was designed initially for use in vocational guidance and has been applied to many thousands of secondary school leavers and young adults.

and consequently the strength of the controls was further reduced by transfer to the experimental course. It so happened that some applicants who had been accepted for the regular course in September 1956 and September 1958 had to be transferred to the alternative school, because there were not enough suitable candidates for that course in these years. In 1956, for instance, it was not possible to recruit all twenty-four of the alternative students required by the September of that year, as publicity and financial arrangements for the new course could not be made as early as anticipated.

181. Some applicants for the regular course, therefore, had to be invited to join the experimental course. In fact only thirteen students of the first alternative group were recruited by direct application, the other eleven students were all previously accepted for the three-year course, but all agreed, on invitation by the Matron, to take the experimental course instead. For the second group of alternative students there were sufficient direct suitable applications to fill all the twenty-six vacancies in September 1957, but in September 1958, it was again necessary to 'co-opt' some of the three-year candidates for the experimental course. There were twenty-five applicants for this last intake only fifteen of whom actually commenced the course, so that another ten students in this instance had to be transferred from the regular course applicants.

182. The following table illustrates the total number of enquiries made about the experimental course from the time of its inauguration, and the number of applicants who actually took the course each year. It will be noted that the number of applications has diminished as the experiment proceeded. Most of these applications whether seriously pursued or not were, however, made by girls with good educational qualifications, and quite a few of them were in their twenties. The hospital, therefore, as illustrated in Table No. 15, only had to reject a very small number of them as being unsuitable on the grounds of education, health or age.

*Number of Applications received, accepted, withdrawn
and rejected for the Experimental Course*

TABLE 15

	September 1956	September 1957	September 1958	* 1959
Total number of applications for course	50	38	25	6
Number of applications not pursued after first letter	27	9	6	—
Number of applications withdrawn after completion of application form	7	2	2	2
Number of applications turned down by hospital	3	1	2	4
Number of direct applicants accepted for course	13	26	15	—
Number transferred from regular course	11	—	10	—
Total number of students in group	24	26	25	—

* A few applications were also received for 1959, although there were no plans to recruit students for a fourth intake.

183. The considerable difference in the numbers of students in the alternative and control groups possessing a school leaving certificate has already been noted in Table No. 9, and a similar difference in the intelligence tests scores is

evident in Table No. 14. There is no doubt that this lack of balance between the two groups was partly caused by the transfer of students from the regular course in 1956 and in 1958. Of the twenty-one students known to be transferred all had a school-leaving certificate and only one had an intelligence score below 115. The conclusion has to be drawn inevitably, therefore, that there was quite a considerable 'feed' of specially selected students into the experimental course, in spite of the official selection policy to recruit students separately for the two courses, and that this transfer served to heighten the intellectual atypicality of the alternative students.

184. Why there was this paucity of suitable applicants for the experiment is difficult to answer. It takes a little time for such a new course to become known to sufficient numbers of interested and influential people, but once started it should gather strength of numbers from its own momentum. In fact, there was no great rush of suitable applicants available even for the 1958 course. The students themselves said that they had heard of the course in various ways. Most of them had read the advertisements which appeared in the national and professional press and other articles in the nursing press relating to its planning and objectives. Others had heard about the alternative course at school since senior secondary and girls' grammar schools in the Glasgow area had been informed of its commencement, and schools in other parts of the British Isles were visited later by the Director of the Experimental Course at the invitation of the headmistresses. Another group had been recommended to apply by doctors or nurses they knew in Glasgow Royal Infirmary and other hospitals who could tell them a good deal about the course; and a few of the students in the second and third intakes had been influenced by sisters or friends who had entered the first group. Only small numbers of students were required for this experiment (seventy-five over three years) and so these publicity methods were perhaps adequate, leaving a certain amount to the initiative of those girls interested enough to make intelligent enquiries.

185. Equally interesting are the reasons why many girls applied during this period to take the regular three-year course rather than the experimental one.¹ Quite a number of them obviously had not read or heard about it at all, and, therefore, had no chance of considering whether they would like to apply. Some said frankly that it seemed to them too theoretical, and they preferred the opportunity of spending more time with the patients; and lastly there were one or two who said they thought the new course was too academic and would prove too great an educational hurdle for them over a two-year period.

186. Although this detailed account of selection has only so far related to students entering the experimental and control courses in Glasgow Royal Infirmary, the candidates for Edinburgh Royal Infirmary underwent a similar selection procedure. It can be seen from Table No. 9 that a higher proportion of them possessed a school leaving certificate than the Glasgow control students. Unfortunately, they took a different intelligence test from the Glasgow Royal Infirmary candidates, so that no comparison of such data was possible. Until recently the Moray House (Edinburgh) Test was used, but since 1957 the Otis Intermediate Test for Schools and the General Nursing Council (England and Wales) entrance tests have been used at various times. It is, therefore, not possible to compare these intelligence test results with those of students entering the alternative and control groups in Glasgow Royal Infirmary: but, as indicated

¹ Several regular students were interviewed informally during the first year of their course to get their views on this matter.

earlier, educationally the Edinburgh Royal Infirmary regular group of students approximated fairly closely to the alternative group. They also had the advantage that none of them could be invited to join the experimental course, and, therefore, there was no additional dilution of their intellectual abilities as had happened with the Glasgow Royal Infirmary control group.

187. It should be noted that in both Edinburgh and Glasgow Royal Infirmarys quite a number of the control nurses had attended pre-nursing schools. In both hospitals it is customary to recruit students from the pre-nursing schools into a separate Preliminary Training School in July or August of each year, and their different educational background has already been noted. They underwent the same selection procedure as other students entering these two hospitals, and there was considerable competition among them to be chosen for these teaching hospitals.

Part 4. A Comparative Analysis of the Performance of the Alternative and Control Students

CHAPTER VIII

THE PERFORMANCE OF THE ALTERNATIVE AND CONTROL STUDENTS IN THE GENERAL NURSING COUNCIL FINAL STATE EXAMINATION

188. The Assessment Committee's decision to compare the performance of the alternative students with control students in both Glasgow Royal Infirmary and Edinburgh Royal Infirmary has already been outlined in Chapter V. The first of these comparative analyses is undertaken in this chapter where the achievements of both groups of students in the General Nursing Council Final State Examinations in October 1958, 1959 and 1960 are presented. This particular part of the assessment is in the Committee's view highly important, as by the use of specially-designed procedures, which will be described in the course of this chapter, it has been possible to make a detailed comparison between the standard achieved by the alternative and control students in their official qualifying examination.

189. In order to obtain this additional material the Assessment Committee discussed with the General Nursing Council for Scotland the possibility of obtaining the necessary additional data on the performance of all the alternative and control students taking the Final State Examination. The information routinely provided by the Council indicates only whether a student passes or fails, and since this examination is taken by thousands of students in Scotland three times a year these papers must of necessity be marked by a larger team of General Nursing Council examiners. The Council, therefore, were asked if a re-marking of the papers of all the students in this study could be undertaken each year by one surgeon, one physician and one nurse-tutor, so that a more exact standard of achievement could be indicated.

190. The Committee's unprecedented request was generously granted by the

Scottish General Nursing Council, and arrangements were made immediately for all the papers to be re-marked by one specialist in each subject, in order that the marking standard would remain constant during the course of the experiment. There were a hundred alternative and control students taking the examination in October 1958, a hundred and one in October 1959 and a hundred and ten in October 1960, so that on each occasion this re-marking has proved to be quite a formidable operation. It should also be noted that no such second marking could affect the official result of the examination notified to all hospitals and students concerned; and that whilst the theoretical part of the examination, the written papers in medicine, surgery and nursing, could be re-marked, only the original marking of the practical examination was available. For this reason the practical examination results are tabled and commented upon separately wherever possible.

191. The Scottish General Nursing Council did not consider that, even under these special circumstances, they should make the actual marks available to the evaluators, but they released two separate sets of information. Firstly, the result of the re-marking of every student's paper in each part of the examinations was placed in a four-point scale grading and the following information was made available:

	<i>Per cent.</i>
Grade A . . .	70-100
Grade B . . .	60- 69
Grade C . . .	50- 59
<hr/>	
Grade D (this grade signi- fied failure) . . .	under 50

Secondly, an order of merit list also based on the re-marking was provided giving the ranking of all the alternative and control students in each subject of the examination, so that the distribution of the experimental students could be studied in relation to all the control groups.

192. Before making any study of the results of this re-marking it is as well to consider in the first place the number of students in the alternative and control groups who were eligible to take the Final State Examination. A detailed account of sickness absence and wastage will be given in Chapter XI, but it is relevant to note here that amongst the control groups under consideration there were quite a number of students who had left before taking the examination, and others who were prevented from taking it because they had exceeded the statutory length of sickness absence permitted by the General Nursing Council, and would have to take their 'finals' at a later date. This regulation regarding sickness absence, it will be remembered, did not apply to the alternative students, so long as any lectures missed were made up before taking the examination. Table No. 16 illustrates the considerable difference in the percentage of alternative and control students eligible to take their Final State Examination without any deferment.¹

193. As far as the official results of the examination were concerned the

¹ The following abbreviations have been used in all the tables in this chapter and the following chapters of this report:

G.R.I.—Glasgow Royal Infirmary

E.R.I.—Edinburgh Royal Infirmary

P.N.S.—Pre-nursing school (students)

F.S.E.—Final State Examination (of the General Nursing Council for Scotland)

O.M.—Order of Merit (achieved in the Final State Examination)

achievement of the students in both groups was very commendable. Seventy-one out of the seventy-two alternative students passed at the first attempt over the three years, the other student failed only in the practical examination in October 1959, which she subsequently passed in February 1960. Compared with this alternative failure rate of 1.4 per cent. twelve control students out of 239 failed to pass the examination over the three years, giving them an official failure rate of 5.0 per cent. Three control nurses failed the practical examination in 1958, two failed the practical in 1959 and in 1960 there were three failures in the medical paper and four again in the nursing practical examination. Thus the official success rates were very high in both groups; but it should be remembered that the achievement of the alternatives is even more satisfactory than appears from these results since, as indicated in Table No. 16, a considerably higher percentage of them were eligible to take the Final State Examination on each occasion than the controls.

*The Percentage of Alternative and Control Students
eligible to take the Final State Examination
without deferment*

TABLE 16

		Total No. Students commencing Course	No. Students leaving be- fore taking F.S.E.	No. Students not allowed to take F.S.E.	Percentage of Total taking F.S.E.
1958	Alternative Students . . .	24	Nil	Nil	100
	G.R.I. controls* . . .	58	12	11	60.3
	E.R.I. controls* . . .	54	8	5	75.9
1959	Alternative students . . .	26	Nil	Nil	100
	G.R.I. controls* . . .	42	6	5	74.8
	E.R.I. controls* . . .	65	12	9	67.7
1960	Alternative students . . .	25	3	Nil	88.0
	G.R.I. controls* . . .	68	9	14	66.2
	E.R.I. controls* . . .	68	11	13	64.7

* Combined controls of regular and pre-nursing school students are included in this table.

194. All these figures quoted above relate to students who had to re-sit these examinations. There were, in fact, a few other students in both groups who just failed to satisfy the examiners in their medical papers, but they obtained a pass mark in the combined medical and surgical papers, and therefore did not have to re-sit and were recorded as having passed the whole examination.¹ It should also be noted that whenever a student fails the practical part of the nursing examination a re-sit must take place, irrespective of her achievements in the nursing written paper.

195. The remainder of this discussion, which will be concerned with the detailed analysis made possible by the re-marking of the papers of all these alternative and control students, will be presented in two parts. The first part will relate to the performance of the students in their respective groups, that is the alternative vis-à-vis the regular and pre-nursing school control students in Glasgow Royal Infirmary and Edinburgh Royal Infirmary; and secondly their achievements will be reviewed in terms of their educational and intellectual characteristics. Where numbers permit the pre-nursing school control students will be analysed separately since, as previously indicated, their school leaving

¹ Over the three years altogether three alternative students and ten control students failed in their written paper in medicine, but they all achieved sufficient marks in their combined medical and surgical papers to be awarded a pass in the whole examination.

age and educational background differed considerably from that of the regular control nurses.

196. The following tables, Nos. 17 to 23, illustrate the grade achieved in the re-marked papers by all the groups of students in each subject of the Final State Examination taken in October 1958, 1959 and 1960. It should be noted that some of the grades have been reported in these tables, as, in the case of the practical examination in particular, the numbers of students in individual grades were so small that they had to be regrouped in order to carry out tests of significance.¹

The Grading of Alternative and Control Students' Marks in the Final State Examination

TABLE 17

October 1958

Subject	Category of Students	Grading in Final State Exam.				No. of Papers re-marked	No. of Students in group
		A%	B%	C & D %	Total %		
Written Papers in Surgery, Medicine & Nursing	Alternatives	20.8	66.7	12.5	100.0	72	24
	All controls	21.9	56.2	21.9	100.0	228	76
	G.R.I. & E.R.I. regular controls	26.0	58.6	15.4	100.0	150	50
	G.R.I. & E.R.I. P.N.S. controls	14.1	51.3	34.6	100.0	78	26
Nursing Practical (NOT Re-marked)	Alternatives	79.1		20.9	100.0		24
	All controls	38.2		61.8	100.0		76
	G.R.I. & E.R.I. regular controls	40.0		60.0	100.0		50
	G.R.I. & E.R.I. P.N.S. controls	34.6		65.4	100.0		26

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

No. of students in D (failure) category in above table:

2 regular control students

1 pre-nursing school control student

Failed in Nursing

Practical Examination.

The Grading of Alternative and Control Students' Marks in the Final State Examination

TABLE 18

October 1959

Subject	Category of Students	Grading in Final State Exam.				No. of Papers re-marked	No. of Students in group
		A%	B%	C & D %	Total %		
Written Papers in Surgery, Medicine & Nursing	Alternatives	41.0	47.4	11.6	100.0	78	26
	All controls	24.9	50.2	24.9	100.0	225	75
	G.R.I. & E.R.I. regular controls	29.0	47.1	23.9	100.0	138	46
	G.R.I. & E.R.I. P.N.S. controls	18.4	55.2	26.4	100.0	87	29
Nursing Practical (NOT Re-marked)	Alternatives	69.2		30.8	100.0		26
	All controls	80.0		20.0	100.0		75
	G.R.I. & E.R.I. regular controls	73.9		26.1	100.0		46
	G.R.I. & E.R.I. P.N.S. controls	89.7		10.3	100.0		29

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

No. of students in D (failure) category in above table:

3 regular control students

2 regular control students

1 alternative student

Failed in Medical Paper.

Failed in Nursing

Practical Examination.

¹ The level of significance has been established at the $P=0.05$ level in all statistical tests quoted in this report.

TABLE 19

October 1960

Subject	Category of Students	Grading in Final State Exam.				No. of Papers re-marked	No. of Students in group
		A%	B%	C & D %	Total %		
Written Papers in Surgery, Medicine & Nursing	Alternatives	21.2	45.5	33.3	100.0	66	22
	All controls	22.3	42.1	35.6	100.0	264	88
	G.R.I. & E.R.I. regular controls	22.6	41.4	36.0	100.0	186	62
	G.R.I. & E.R.I. P.N.S. controls	21.8	43.6	34.6	100.0	78	26
Nursing Practical (NOT Re-marked)	Alternatives	68.2		31.8	100.0		22
	All controls	62.5		37.5	100.0		88
	G.R.I. & E.R.I. regular controls	74.2		25.8	100.0		62
	G.R.I. & E.R.I. P.N.S. controls	34.6		65.4	100.0		26

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

No. of students in D (failure) category in above table:

9 regular students
4 pre-nursing control
3 alternative students
4 pre-nursing control

Failed in Medical Paper.

Failed in Nursing Practical Examination.

197. These tables not only confirm the commendable performance of the alternative students in passing the examination, but reveal in greater detail the standard of their achievement. One notable feature of all these three tables is that in the written papers on every occasion a smaller percentage of the alternative students are graded in the C and D categories. In the 1960 Final State Examination the margin of difference between themselves and the control groups was admittedly very small; but these data do indicate that as a group the alternative students have passed the examination by a wider margin than the controls.

198. On the other hand this same trend is less predictable where the practical nursing examination is concerned. In this subject in both the October 1959 and 1960 examinations certain groups of control nurses had a smaller percentage of their members in the B, C, D category than the alternatives. It is difficult, however, to attempt any specific explanation of this drop in the alternative standard of performance, since the practical examination could not be re-marked. This examination had also to be conducted in two different centres, one for the Edinburgh control and the other for the Glasgow alternative and control groups, in addition to which the personnel conducting the examinations were altered slightly over the three years. Although such variations were unavoidable, they may well have accounted for some of the fluctuations in the marks awarded.

199. It is also possible from closer inspection of Tables Nos. 17, 18 and 19 to get some impression of the alternative students compared with both the regular and pre-nursing school controls. In the written papers the alternatives performed on the whole a little better than the regular controls, but even in 1959 when this was quite marked the difference did not reach a level of technical significance (1958 $X^2=0.70 > P>.50$, 1959 $X^2=0.10 > P>.05$ and 1960 $X^2=0.80 > P>.90$). When the achievements of the alternatives and pre-nursing

controls are compared, however, in these same papers the better performance of the former group is significant in both 1958 and 1959 ($X^2=.01>P>.001$); but in 1960 there is hardly any difference between them. This similarity in the October 1960 results can be explained largely by the fact that the alternative nurses had a very poor grading in their surgical paper on this occasion, which is well demonstrated in greater detail in Table No. 23. Just why this variation occurred is difficult to estimate with any precision.

200. As already explained it is more difficult to draw any tentative conclusions from the grading achieved in the ward practical examinations. The alternative group performed significantly better than either the regular or pre-nursing controls in 1958 ($X^2=.01>P>.001$). In October 1959, however, these findings were exactly reversed, although the better standard achieved by the control groups did not reach a significant level ($X^2=.70>P>.50$ and $X^2=.10>P>.05$). In the October 1960 practical nursing results, however, the alternative students achieved a significantly higher grading than the pre-nursing students ($X^2=.05>P>.02$), but did slightly less well than the regular controls ($X^2=.50>P>.70$).

201. The analysis of these tables appears to indicate two trends. Firstly that, on the whole, the alternatives have achieved a higher grading in these three Final State Examinations than the combined controls; and secondly that there is more comparability between their performance and the regular controls than between themselves and the pre-nursing controls. These general trends are confirmed in Table No. 20, where the better performance of the alternatives over the three years reaches a significant level when compared with the written and practical results of the pre-nursing controls ($X^2=.01>P>.001$ and $X^2=.05>P>.02$ respectively); but although their grading is also better than the regular controls the difference between them is not significant in either case ($X^2=.20>P>.10$ and $X^2=.20>P>.10$).

*The Grading of Alternative and Control Students
in the Final State Examinations*

TABLE 20

October 1958, 1959 and 1960

Subject	Category of Students	Grading in Final State Exam.				No. of Papers re-marked	No. of Students in Group
		A%	B%	C & D %	Total %		
Written Papers in Surgery, Medicine & Nursing	Alternatives	28.2	53.2	18.6	100.0	216	72
	E.R.I. & G.R.I. regular controls	25.5	48.5	26.0	100.0	474	158
	E.R.I. & G.R.I. P.N.S. controls	18.1	50.2	31.7	100.0	243	81
Nursing Practical (NOT Re-marked)	Alternatives	72.2		27.8	100.0		72
	E.R.I. & G.R.I. regular controls	63.3		36.7	100.0		158
	E.R.I. & G.R.I. P.N.S. controls	54.3		45.7	100.0		81

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

202. A more detailed analysis of the performance of all the students by grade in these examinations is given in the following tables, Nos. 21, 22 and 23, where each subject is indicated separately. It will be seen from the percentages quoted in certain categories that the number of students referred to was very small, so that significance tests could not be carried out on these figures.

*The Grading of Alternative and Control Students' Marks
in each subject of the Final State Examination*

TABLE 21

October 1958

Subject	Category of Students	Grading in F.S.E.				Total %	No. in Group
		A	B	C	D		
SURGERY	Alternative	21.0	75.0	4.0	—	100.0	24
	G.R.I. Regular Control	34.0	62.5	3.5	—	100.0	29
	E.R.I. Regular Control	43.0	43.0	14.0	—	100.0	21
	G.R.I., P.N.S. Control	—	83.5	16.5	—	100.0	6
	E.R.I., P.N.S. Control	30.0	35.0	35.0	—	100.0	20
MEDICINE	Alternative	—	83.5	16.5	—	100.0	24
	G.R.I. Regular Control	7.0	79.0	14.0	—	100.0	29
	E.R.I. Regular Control	5.0	67.0	28.0	—	100.0	21
	G.R.I., P.N.S. Control	—	83.5	16.5	—	100.0	6
	E.R.I., P.N.S. Control	10.0	60.0	30.0	—	100.0	20
NURSING WRITTEN	Alternative	41.5	41.5	17.0	—	100.0	24
	G.R.I. Regular Control	27.0	59.0	14.0	—	100.0	29
	E.R.I. Regular Control	43.0	33.0	24.0	—	100.0	21
	G.R.I., P.N.S. Control	16.6	66.7	16.7	—	100.0	6
	E.R.I., P.N.S. Control	10.0	30.5	59.5	—	100.0	20
NURSING PRACTICAL (not re-marked)	Alternative	79.0	21.0	—	—	100.0	24
	G.R.I. Regular Control	34.0	39.0	27.0	—	100.0	29
	E.R.I. Regular Control	48.0	33.0	9.5	9.5	100.0	21
	G.R.I., P.N.S. Control	16.5	50.0	33.5	—	100.0	6
	E.R.I., P.N.S. Control	40.0	35.0	20.0	5.0	100.0	20
NURSING WRITTEN & PRACTICAL COMBINED	Alternative	62.5	33.5	4.5	—	100.0	24
	G.R.I. Regular Control	27.0	52.0	21.0	—	100.0	29
	E.R.I. Regular Control	33.0	48.0	9.5	9.5	100.0	21
	G.R.I., P.N.S. Control	16.5	83.5	—	—	100.0	6
	E.R.I., P.N.S. Control	10.0	55.0	30.0	5.0	100.0	20

*The Grading of Alternative and Control Students' Marks
in each subject of the Final State Examination*

TABLE 22

October 1959

Subject	Category of Students	Grading in F.S.E.				Total %	No. in Group
		A	B	C	D		
SURGERY	Alternative	26.9	50.0	23.1	—	100.0	26
	G.R.I. Regular Control	12.5	50.0	37.5	—	100.0	16
	E.R.I. Regular Control	10.0	60.0	30.0	—	100.0	30
	G.R.I., P.N.S. Control	20.0	40.0	40.0	—	100.0	15
	E.R.I., P.N.S. Control	7.1	78.6	14.3	—	100.0	14
MEDICINE	Alternative	15.6	73.7	11.7	—	100.0	26
	G.R.I. Regular Control	12.5	37.5	31.2	18.8	100.0	16
	E.R.I. Regular Control	13.3	70.0	16.7	—	100.0	30
	G.R.I., P.N.S. Control	—	46.7	53.3	—	100.0	15
	E.R.I., P.N.S. Control	7.1	64.3	28.6	—	100.0	14
NURSING WRITTEN	Alternative	80.4	19.6	—	—	100.0	26
	G.R.I. Regular Control	68.7	18.7	12.6	—	100.0	16
	E.R.I. Regular Control	60.0	30.0	10.0	—	100.0	30
	G.R.I., P.N.S. Control	40.0	46.7	13.3	—	100.0	15
	E.R.I., P.N.S. Control	35.8	57.1	7.1	—	100.0	14
NURSING PRACTICAL (not re-marked)	Alternative	69.2	19.4	7.6	3.8	100.0	26
	G.R.I. Regular Control	75.0	12.5	—	12.5	100.0	16
	E.R.I. Regular Control	73.3	23.4	3.3	—	100.0	30
	G.R.I., P.N.S. Control	80.0	20.0	—	—	100.0	15
	E.R.I., P.N.S. Control	100.0	—	—	—	100.0	14
NURSING WRITTEN & PRACTICAL COMBINED	Alternative	73.0	23.1	3.9	—	100.0	26
	G.R.I. Regular Control	62.6	18.7	18.7	—	100.0	16
	E.R.I. Regular Control	66.7	30.0	3.3	—	100.0	30
	G.R.I., P.N.S. Control	60.0	40.0	—	—	100.0	15
	E.R.I., P.N.S. Control	92.9	7.1	—	—	100.0	14

*The Grading of Alternative and Control Students' Marks
in each subject of the Final State Examination*

TABLE 23

October 1960

Subject	Category of Students	Grading in F.S.E.				Total %	No. in Group
		A	B	C	D		
SURGERY	Alternative	4.5	68.2	27.3	—	100.0	22
	G.R.I. Regular Control	51.6	41.9	6.5	—	100.0	31
	E.R.I. Regular Control	32.3	48.3	19.4	—	100.0	31
	G.R.I., P.N.S. Control	28.6	57.1	14.3	—	100.0	14
	E.R.I., P.N.S. Control	41.7	33.3	25.0	—	100.0	12
MEDICINE	Alternative	—	31.9	54.5	13.6	100.0	22
	G.R.I. Regular Control	—	29.0	51.6	19.4	100.0	31
	E.R.I. Regular Control	—	41.9	48.4	9.7	100.0	31
	G.R.I., P.N.S. Control	—	42.8	28.6	28.6	100.0	14
	E.R.I., P.N.S. Control	—	33.3	66.7	—	100.0	12
NURSING WRITTEN	Alternative	59.1	36.4	4.5	—	100.0	22
	G.R.I. Regular Control	25.8	48.4	25.8	—	100.0	31
	E.R.I. Regular Control	25.8	38.7	35.5	—	100.0	31
	G.R.I., P.N.S. Control	28.6	42.8	28.6	—	100.0	14
	E.R.I., P.N.S. Control	33.3	50.0	16.7	—	100.0	12
NURSING PRACTICAL (not re-marked)	Alternative	68.2	27.3	4.5	—	100.0	22
	G.R.I. Regular Control	83.9	16.1	—	—	100.0	31
	E.R.I. Regular Control	64.5	22.6	12.9	—	100.0	31
	G.R.I., P.N.S. Control	64.3	28.6	—	7.1	100.0	14
	E.R.I., P.N.S. Control	—	33.3	41.7	25.0	100.0	12
NURSING WRITTEN & PRACTICAL COMBINED	Alternative	54.5	45.5	—	—	100.0	22
	G.R.I. Regular Control	48.4	51.6	—	—	100.0	31
	E.R.I. Regular Control	38.7	51.6	9.7	—	100.0	31
	G.R.I., P.N.S. Control	42.9	42.9	7.1	7.1	100.0	14
	E.R.I., P.N.S. Control	8.3	58.4	8.3	25.0	100.0	12

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

203. These tables are mainly of interest in illustrating the performance of the two control sub-groups, and the exact percentage of students of all groups in each grade. Generally, they confirm the trends noted in the analyses of the earlier tables, Nos. 17, 18 and 19.

204. The other form of data available to the Committee were the order of merit lists for each subject provided by the General Nursing Council. The following tables, Nos. 24 to 29, have been based on the order of merit averages achieved by the various groups of students in the October 1958, 1959 and 1960 examinations. The order of merit has been related to the number of alternative and control students taking the examination each year, but where, as frequently happened, several students achieved the same order of merit then an average rating for that particular group has been used. In all the order of merit tables, therefore, the lowest scores recorded will indicate the highest level of performance and vice versa.

The Order of Merit achieved by the Alternative and all other Control Students in the October 1958 Final State Examination

TABLE 24

Subject	Category of Students	Average Order of Merit (out of 100 students)	S.E.	No. in Group
Surgery	Alternatives	50.4 \pm 24.4	\pm 5.1	24
	All Controls	50.5 \pm 30.4	\pm 3.5	76
Medicine	Alternatives	48.2 \pm 30.1	\pm 7.4	24
	All Controls	51.2 \pm 28.6	\pm 3.3	76
Nursing Written	Alternatives	39.8 \pm 29.6	\pm 6.2	24
	All Controls	53.9 \pm 28.2	\pm 3.2	76
Nursing Practical (not re-marked)	Alternatives	33.1 \pm 20.6	\pm 4.3	24
	All Controls	56.0 \pm 29.2	\pm 3.4	76
Nursing Combined	Alternatives	34.3 \pm 26.8	\pm 5.6	24
	All Controls	55.6 \pm 27.9	\pm 3.2	76

The Order of Merit achieved by the Alternative and all other Control Students in the October 1959 Final State Examination

TABLE 25

Subject	Category of Students	Average Order of Merit (out of 101 students)	S.E.	No. in Group
Surgery	Alternatives	43.6 \pm 28.0	\pm 5.6	26
	All Controls	53.4 \pm 29.4	\pm 3.4	75
Medicine	Alternatives	39.7 \pm 27.0	\pm 5.4	26
	All Controls	54.8 \pm 28.9	\pm 3.4	75
Nursing Written	Alternatives	31.2 \pm 24.4	\pm 4.9	26
	All Controls	43.4 \pm 27.8	\pm 3.2	75
Nursing Practical (not re-marked)	Alternatives	61.7 \pm 27.2	\pm 5.4	26
	All Controls	47.3 \pm 29.2	\pm 3.4	75
Nursing Combined	Alternatives	44.8 \pm 31.9	\pm 6.4	26
	All Controls	53.2 \pm 28.2	\pm 3.3	75

The Order of Merit achieved by the Alternative and all other Control Students in the October 1960 Final State Examination

TABLE 26

Subject	Category of Students	Average Order of Merit (out of 110 students)	S.E.	No. in Group
Surgery	Alternatives	73.1 \pm 24.7	\pm 5.4	22
	All Controls	51.1 \pm 32.0	\pm 5.5	88
Medicine	Alternatives	54.8 \pm 30.1	\pm 6.6	22
	All Controls	55.8 \pm 32.3	\pm 3.4	88
Nursing Written	Alternatives	38.8 \pm 25.5	\pm 5.6	22
	All Controls	59.7 \pm 32.0	\pm 3.4	88
Nursing Practical (not re-marked)	Alternatives	49.3 \pm 28.7	\pm 6.3	22
	All Controls	57.0 \pm 32.6	\pm 3.5	88
Nursing Combined	Alternatives	40.6 \pm 28.3	\pm 6.2	22
	All Controls	59.2 \pm 31.8	\pm 3.4	88

205. The creditable performance of the alternative as compared with the control students in nearly all aspects of these examinations is as clearly indicated by these tables as in the earlier analysis based on their grading. In all three years the alternative students achieved a better order of merit in the medical paper than the combined controls: in the first two years this difference was significant ($T = .01 > P > .001$ and $T = .02 > P > .01$ respectively) but was not so in 1960 ($T = .80 > P > .90$). Again on every occasion they exceeded the performance of the control students in the nursing written examination at a significant level (1958 and 1959 $T = .05 > P > .02$ and 1960 $T = .01 > P > .001$). The order of merit of the two student groups was less well defined in the surgical paper where their level was almost identical in 1958; in 1959 the alternative standard was considerably but not significantly higher than the combined controls and in 1960, as already indicated, the alternative students' performance, as can be seen from Table No. 26, was unexpectedly poor. On this occasion their standard was significantly worse than the combined controls ($T = .001 > P$).

206. The order of merit achieved in the practical examinations showed the same fluctuations in standard between the two groups, as has already been noted in the grading analysis. In both the 1958 and 1960 examinations the alternative level was better than that of the combined controls, but was only significantly so in 1958 ($T = .001 > P$ and $T = .20 > P > .30$ respectively). In 1959 the position was reversed with the combined controls succeeding better than the alternatives ($T = .05 > P > .02$).

*The Order of Merit achieved by the Alternative, Regular
and Pre-Nursing School Control Students in the October
1958 Final State Examination*

TABLE 27

Subject	Category of Students	Average Order of Merit (out of 100 students)	S.E.	No. in Group
Surgery	Alternatives	50.4 ± 24.4	± 5.1	24
	G.R.I. & E.R.I.	43.9 ± 29.2	± 4.2	50
	Regular Controls G.R.I. & E.R.I. P.N.S. Controls	63.3 ± 28.9	± 5.8	26
Medicine	Alternatives	48.2 ± 30.1	± 7.4	24
	G.R.I. & E.R.I.	47.3 ± 27.4	± 3.9	50
	Regular Controls G.R.I. & E.R.I. P.N.S. Controls	58.8 ± 29.9	± 5.9	26
Nursing Written	Alternatives	39.8 ± 29.6	± 6.2	24
	G.R.I. & E.R.I.	46.4 ± 25.9	± 3.7	50
	Regular Controls G.R.I. & E.R.I. P.N.S. Controls	68.2 ± 25.5	± 5.1	26
Nursing Practical (Not re- marked)	Alternatives	33.1 ± 20.6	± 4.3	24
	G.R.I. & E.R.I.	54.7 ± 29.3	± 4.2	50
	Regular Controls G.R.I. & E.R.I. P.N.S. Controls	58.4 ± 29.3	± 5.8	26
Nursing Combined	Alternatives	34.3 ± 26.8	± 5.6	24
	G.R.I. & E.R.I.	50.6 ± 28.2	± 4.0	50
	Regular Controls G.R.I. & E.R.I. P.N.S. Controls	65.2 ± 25.1	± 5.0	26

207. In Tables Nos. 27, 28 and 29 these same results are presented in greater detail showing the performance of the two parts of the control group—the regular and pre-nursing sections—separately.

The Order of Merit achieved by the Alternative, Regular and Pre-Nursing School Control Students in the October 1959 Final State Examination

TABLE 28

Subject	Category of Students	Average Order of Merit (out of 101 students)	S.E.	No. in Group
Surgery	Alternatives	43.6 \pm 28.0	\pm 5.6	26
	G.R.I. & E.R.I. Regular Controls	53.2 \pm 29.3	\pm 4.3	46
	G.R.I. & E.R.I. P.N.S. Controls	53.7 \pm 30.2	\pm 5.7	29
Medicine	Alternatives	39.7 \pm 27.0	\pm 5.4	26
	G.R.I. & E.R.I. Regular Controls	50.4 \pm 30.7	\pm 4.6	46
	G.R.I. & E.R.I. P.N.S. Controls	61.9 \pm 25.0	\pm 4.7	29
Nursing Written	Alternatives	31.2 \pm 24.4	\pm 4.9	26
	G.R.I. & E.R.I. Regular Controls	55.2 \pm 28.5	\pm 4.2	46
	G.R.I. & E.R.I. P.N.S. Controls	62.0 \pm 26.6	\pm 5.0	29
Nursing Practical (Not re- marked)	Alternatives	61.7 \pm 27.2	\pm 5.4	26
	G.R.I. & E.R.I. Regular Controls	48.3 \pm 32.5	\pm 4.8	46
	G.R.I. & E.R.I. P.N.S. Controls	45.6 \pm 23.5	\pm 4.4	29
Nursing Combined	Alternatives	44.8 \pm 31.9	\pm 6.4	26
	G.R.I. & E.R.I. Regular Controls	52.1 \pm 32.0	\pm 4.8	46
	G.R.I. & E.R.I. P.N.S. Controls	54.9 \pm 21.3	\pm 4.0	29

*The Order of Merit achieved by the Alternative, Regular
and Pre-Nursing Control Students in the October 1960
Final State Examination*

TABLE 29

Subject	Category of Students	Average Order of Merit (out of 110 students)	S.E.	No. in Group
Surgery	Alternatives	73.1 ± 24.7	± 5.4	22
	G.R.I. & E.R.I. Regular Controls	49.8 ± 32.0	± 4.1	62
	G.R.I. & E.R.I. P.N.S. Controls	54.1 ± 36.9	± 7.4	26
Medicine	Alternatives	54.8 ± 30.1	± 6.6	22
	G.R.I. & E.R.I. Regular Controls	55.7 ± 33.2	± 4.2	62
	G.R.I. & E.R.I. P.N.S. Controls	56.1 ± 30.7	± 6.1	26
Nursing Written	Alternatives	38.8 ± 25.5	± 5.6	22
	G.R.I. & E.R.I. Regular Controls	61.5 ± 30.9	± 4.0	62
	G.R.I. & E.R.I. P.N.S. Controls	55.4 ± 34.7	± 6.9	26
Nursing Practical (Not re- marked)	Alternatives	49.3 ± 28.7	± 6.3	22
	G.R.I. & E.R.I. Regular Controls	48.5 ± 29.8	± 3.8	62
	G.R.I. & E.R.I. P.N.S. Controls	77.5 ± 30.0	± 6.0	26
Nursing Combined	Alternatives	40.6 ± 28.3	± 6.2	22
	G.R.I. & E.R.I. Regular Controls	55.2 ± 29.3	± 3.8	62
	G.R.I. & E.R.I. P.N.S. Controls	68.9 ± 35.7	± 7.1	26

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

P.N.S. refers to pre-nursing school.

This more detailed analysis illustrates again the greater comparability of the alternative and regular students on most occasions, especially in 1958 and 1959. It is also apparent that in the written examinations on three occasions over the three years the regular control order of merit was a more satisfactory one than the alternatives', whereas only once did the pre-nursing groups achieve this distinction in the 1960 surgical paper, when the alternative standard was so disappointing.

208. The following table, No. 30, illustrates the order of merit achieved by the alternative and combined control groups in each subject of the examination over the whole three years of the experiment.

The Order of Merit achieved by the Alternative and Combined Control Students in the Final State Examinations in October 1958, 1959 and 1960

TABLE 30

Subject	Category of Students	Average Order of Merit (out of 311 students)	S.E.	No. in Group
Surgery	Alternatives	54.9 \pm 28.4	\pm 3.4	72
	All Controls	51.6 \pm 30.6	\pm 2.0	239
Medicine	Alternatives	47.1 \pm 29.3	\pm 3.5	72
	All Controls	54.1 \pm 30.1	\pm 1.9	239
Nursing Written	Alternatives	36.4 \pm 26.5	\pm 3.1	72
	All Controls	57.3 \pm 29.5	\pm 1.9	239
Nursing Practical (Not re-marked)	Alternatives	48.4 \pm 28.1	\pm 3.3	72
	All Controls	53.6 \pm 30.7	\pm 2.0	239
Nursing, Written and Practical Combined	Alternatives	40.0 \pm 29.1	\pm 3.5	72
	All Controls	56.2 \pm 29.5	\pm 1.9	239

209. This analysis confirms again the conclusion put forward in the tables based on the grades achieved by the students earlier in this chapter that the overall performance of the alternative nurses in this aspect of assessment has been better than the controls. Only in the surgical papers was their standard a little, but not significantly, below that of the combined controls; whereas in all other subjects their order of merit was a better one. On two occasions, in the nursing written papers and the combined practical and written nursing tests their higher standard reached a technically significant level ($T = -001 > P$ and $T = -001 > P$ respectively).

210. When it is also recalled that in any case the alternative students had passed their finals after a two-year instead of a three-year period of preparation their greater level of achievement cannot be doubted. The fact that such a conclusion can be reached indicates that in doing so they had succeeded in attaining one of the major objectives of the experiment. The further question which arises, however, is to what factors should this success be attributed? From the analysis already made it would seem that the education and intelligence of students may be a relevant factor, since the poorer performance of the pre-nursing groups in particular has already been illustrated in this present chapter (see Tables Nos. 17 to 23). It is also feasible that the better educational facilities and planning of the alternative course itself may have had some influence on these findings.

211. In the following section of this chapter an attempt has been made to look at possible connections between these different factors. In practice this further analysis has proved difficult to carry out for several reasons, which have to be noted before the tables and comments can be presented. One major problem has been caused by the variation in educational levels between the alternative and control groups. In the former there was only one student in each of the three groups who did not have a school leaving certificate whereas in the latter hardly any of the pre-nursing controls had such a qualification. For this reason the control groups in the following tables have been analysed on a hospital rather than regular and pre-nursing school basis as before, so that the 'combined' controls referred to in the following tables include both regular and pre-nursing school students within Glasgow Royal Infirmary and Edinburgh Royal Infirmary respectively. Closely related to this problem was the realisation that if the groups were more finely sub-divided the numbers in each would be too small to be at all effective. As it is, the paucity of students in each group in the following tables, with two exceptions, has necessitated the omission of standard deviation and standard error of mean calculations.

212. Another difficulty relating to the tables based on intelligence score has also to be noted. Unfortunately, no N.I.I.P. Group 33 test scores were available for the first group of Glasgow Royal Infirmary control students, and such data were also unobtainable for the Edinburgh Royal Infirmary students who did not take this test at all. The only intelligence score comparisons available, therefore, are between the 1958, 1959 and 1960 alternative groups and the 1959 and 1960 Glasgow Royal Infirmary controls.

213. The order of merit quoted in these following tables has been based on the *overall* performance of each student in the Final State Examination (i.e. the student's order of merit in each subject of the examination has been included to produce a combined total 'order of merit'). Tables Nos. 31, 32, 33 and 34 compare the performance of alternative and control students in similar educational and intellectual categories.

*Performance of the Alternative and Control Students in the
Final State Examination in terms of Educational Standard*

TABLE 31

October 1958 Results

Educational Standard	Alternatives		Controls					
			G.R.I.		E.R.I.		BOTH	
	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group
2 or more academic highers	170.4	9	224.5	8	216.8	10	220.2	18
School Leaving Certificate Only	232.7	14	259.4	12	271.2	12	265.3	24
No School Leaving Certificate	150.0	1	285.2	15	300.1	19	292.9	34

*Performance of the Alternative and Control Students in the
Final State Examination in terms of Educational Standard*

TABLE 32

October 1959 Results

Educational Standard	Alternatives		Controls					
			G.R.I.		E.R.I.		BOTH	
	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group
2 or more academic highers	194.1	16	225.8	2	235.2	16	234.1	18
School Leaving Certificate Only	277.4	9	248.8	6	254.4	17	252.9	23
No School Leaving Certificate	146.5	1	304.7	23	260.7	11	290.5	34

*Performance of the Alternative and Control Students in the
Final State Examination in terms of Educational Standard*

TABLE 33

October 1960 Results

Educational Standard	Alternatives		Controls					
			G.R.I.		E.R.I.		BOTH	
	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group
2 or more academic highers	257.4	14	191.0	4	204.3	7	199.5	11
School Leaving Certificate Only	228.5	7	236.8	10	299.5	24	281.2	34
No School Leaving Certificate	441.5	1	275.5	31	382.5	12	305.4	43

*Performance of Alternative and Glasgow Royal Infirmary Control
Students in each Final State Examination in terms of N.I.I.P.
Group Test 33*

TABLE 34

Score Range	1958		1959				1960			
	Alternative Students		Alternative Students		G.R.I. Combined Controls		Alternative Students		G.R.I. Combined Controls	
	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group
> 160	192.5	3	163.4	4	—	—	131.4	4	—	—
140-159	91.6	5	208.3	10	269.0	7	237.5	6	172.3	8
130-139	170.9	6	206.3	7	212.8	3	286.1	6	276.6	12
120-129	270.9	5	292.2	4	262.1	6	299.6	4	250.7	8
110-119	276.5	4	399.0	1	270.1	4	—	—	256.0	9
100-109	310.0	1	—	—	292.8	3	389.5	2	372.0	1
90-99	—	—	—	—	365.3	3	—	—	313.8	6
< 90	—	—	—	—	358.4	4	—	—	414.5	1

G.R.I. refers to Glasgow Royal Infirmary.

214. From a study of these four tables it appears that when the two groups of students—alternative and control—are matched in educational and intellectual ability there is little, if any, evidence of the different types of course affecting their level of performance. Taking Tables Nos. 31, 32 and 33 based on educational standard the evidence is slightly in favour of the alternative students; but only once over the three years did they achieve a significantly better order of merit than the control students, when in the 1958 examination the alternative students in the middle educational group had a much higher order of merit than the comparable controls ($T = -02 > P > .01$). On four occasions the control order of merit was slightly more satisfactory than the alternatives, but not once was the difference of technical significance. Table No. 34 reveals similar inconsistencies when the two groups of students are compared at the same intelligence levels. Admittedly such a comparison is difficult where the intelligence quotients of the two groups are so different in range, but even where it is common to both groups, from 110 to 159, no trend can be detected, nor were the variations observed significant.

215. In the following tables, Nos. 35 and 36, these same findings have been grouped together by educational standard for all the three years re-marking, and in the case of the intelligence scores for the two years 1959 and 1960.

*Performance of the Alternative and Control Students in the
Final State Examinations in terms of Educational Standard*

TABLE 35

October 1958, 1959 and 1960

Educational Standard	Alternatives			Controls		
				G.R.I. & E.R.I.		
	Average O.M.	S.E.	No. in Group	Average O.M.	S.E.	No. in Group
2 or more academic highers	211.4 (± 94.6)	± 15.2	39	220.7 (± 101.1)	± 14.8	47
School Leaving Certificate	244.7 (± 103.9)	± 19.2	30	268.4 (± 113.0)	± 12.7	81
No School Leaving Certificate	246.0	—	3	297.2 (± 101.9)	± 9.7	111

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

TABLE 36 October 1959 and 1960

Score Range	Alternatives		Glasgow Royal Infirmary Controls	
	Average O.M.	No. in Group	Average O.M.	No. in Group
140-159	219.3	16	217.4	15
130-139	243.2	13	263.9	15
120-129	295.9	8	255.8	14

From this further analysis it is again apparent that there is no discernible difference in the standard achieved by either group when they are compared at similar educational and intellectual levels; and none of the T tests for these results is significant.

216. Referring back, however, to all these tables, Nos. 31 to 36, there is one feature common to them all—the relationship between the educational and intellectual standard of the students in each group and the order of merit achieved in these Final State Examinations. The most apparent inconsistencies in this respect are the very good order of merit achieved by the one alternative student in the 1958 and 1959 examinations who had no School Leaving Certificate; but in each case their intelligence score was well above the average, and it seems fair to speculate that these two students were really intelligent girls who, for some reason, had not taken a school leaving certificate. In Table No. 34 too on one or two occasions intelligence score and level of performance are variable, but the trend nevertheless remains apparent between the very different order of merit achieved by the most and least intelligent categories of students.

217. The following tables, Nos. 37, 38 and 39, illustrate that, not only is this trend apparent from a scrutiny of the figures, but also that it is significant almost without exception. Some difficulty was again experienced in establishing comparable groupings of students for this purpose. The discrepancy already noted in the educational and intellectual capacity of the alternative and control groups made it impossible to compare equal grades of students within each alternative and control grouping. For instance, the alternative students, with one exception have to be divided into those who have a school leaving certificate with two or more academic highers and those who have a less distinguished certificate, whilst the control groups are divided fairly evenly between those who possess some type of school leaving certificate and those who do not. It was ultimately decided to test the effect of educational standard on Final State Examination results with the control groups only, who are closer in ability to the average student nurse than the alternatives.

218. A similar problem was encountered on applying this analysis to the intelligence scores, where again the superiority of the alternative groups has been mentioned. But it has been possible here to divide the students into two fairly distinct and not too uneven groups—those who have a score of 130 or more, and those with 129 or less—since this level appears from Table No. 34 frequently to be the turning point in performance, and at the same time gives a reasonable number of students in each group.

*The Influence of Educational Standard on the Order of Merit achieved
in each Final State Examination by Glasgow and Edinburgh Royal
Infirmary Combined Control Students*

TABLE 37

Educational Standard	1958			1959			1960		
	Average O.M.	S.E.	No. in Group	Average O.M.	S.E.	No. in Group	Average O.M.	S.E.	No. in Group
G.R.I. & E.R.I. Controls with School Leaving Certificate	245.9 (± 103.8)	± 16.2	42	244.7 (± 113.4)	± 17.9	41	261.2 (± 116.4)	± 17.5	45
G.R.I. & E.R.I. Controls with NO School Leaving Certificate	293.6 (± 91.0)	± 15.9	34	290.5 (± 91.7)	± 15.9	34	305.5 (± 118.2)	± 18.2	43

G.R.I. refers to Glasgow Royal Infirmary.

E.R.I. refers to Edinburgh Royal Infirmary.

*The Influence of Educational Standard on the Order of Merit
achieved in the Final State Examinations in October 1958, 1959 and 1960
by the Glasgow and Edinburgh Royal Infirmary Control Students*

TABLE 38

Educational Standard	1958, 1959 and 1960		
	Average O.M.	S.E.	No. in Group
G.R.I. & E.R.I. Controls with School Leaving Certificate	250.6 (± 111.2)	± 9.9	128
G.R.I. & E.R.I. Controls with NO School Leaving Certificate	297.2 (± 101.8)	± 9.7	111

*The Influence of Intelligence Score on the Order of Merit achieved
in each Final State Examination by the Alternative and Glasgow Royal
Infirmary Control Students*

TABLE 39

Intelligence Score	1958		1959				1960			
	Alternative Students		Alternative Students		G.R.I. Control Students		Alternative Students		G.R.I. Control Students	
	Average O.M.	No. in Group	Average O.M.	No. in Group	Average O.M.	No. in Group*	Average O.M.	No. in Group	Average O.M.	No. in Group
>130 in N.I.L.P. Group Test 33	154.1	14	199.1	21	252.2	10	229.2	16	234.9	20
<130 in N.I.L.P. Group Test 33	277.1	10	313.6	5	303.1	20	329.6	6	279.2	25

* Intelligence Score for one student not known.

219. The variation in the standard of performance of the Glasgow Royal Infirmary control students with and without a school leaving certificate is very apparent in Tables Nos. 37 and 38. The variations in Table No. 37 are significant for the 1958 group only ($T=0.5 > P > 0.02$), and nearly so for the 1959 and

1960 groups ($T=.10>P>.05$); but when the results of all three years are combined in Table No. 38 then $T=.001>P$. In Table No. 39 based on intelligence score this trend is repeated, and for the alternative students is significant every year ($T=.001>P$, $T=.01>P>.001$ and $.05>P>.02$ respectively). The difference between the standard achieved by the two control categories was not significant in 1959 or 1960, but in the two years' results combined was almost so ($T=.10>P>.05$).

220. As a result of these last tables it is now possible to elaborate on the conclusion reached in the earlier part of this chapter that the alternative students have been more successful than the control students in these Final State Examinations. This variation in the performance of the two groups has now been shown to be more closely related to their educational and intellectual abilities than to differences in the two types of courses undertaken. This finding is further supported by the analyses presented in Tables Nos. 17, 18 and 19, where it was illustrated that, almost without exception, the standard of the control groups was adversely affected by the pre-nursing control students, only a minority of whom have any sort of school leaving certificate, and whose intelligence score is rather below the average for the control group as a whole.¹

221. Finally, it should be remembered that not only have the alternative students been highly successful in passing their Final State Examination at the end of two instead of three years, but that they had also covered a rather wider syllabus than the control groups on which they were not asked questions in the General Nursing Council final examinations.²

CHAPTER IX

THE PERFORMANCE OF THE ALTERNATIVE AND CONTROL STUDENTS IN THE MULTIPLE CHOICE TESTS

222. Although, as indicated earlier, the Assessment Committee regarded the analysis of the General Nursing Council Final State Examination results as the principal method of evaluating the students' performance, they decided that an additional theoretical test should be specially devised for evaluation purposes. It was also considered that the multiple choice type of test would provide a change from the traditional essay type of question more familiar to the students of both the alternative and control groups.

223. Multiple choice tests are not, however, much used in Great Britain as a means of examining candidates in nursing or other professions, and so suitable tests had to be specially devised by the Committee. Some guidance as to the structure of questions was obtained by reference to American papers, where this type of test is used officially; but the actual content had to be related to the subjects and standard of the Scottish General Nursing Council syllabus.

224. In order to develop these tests the Committee also sought the advice of experts in this technique in the academic field, and checked on the suitability

¹ See Chapter VII, Table No. 9, p. 55 and Table No. 14, p. 59.

² See Chapter VI, Table No. 5, p. 47.

of subject matter with two experienced nurse educators. The further precaution was also taken of carrying out a pilot study of these tests in two Scottish hospitals, where the students volunteered to participate. From this trial it was possible to assess the time required for the completion of the test and to note any questions which had not been understood by the students.¹

225. The subjects included in the multiple choice tests and the marks allocated are listed in Table No. 40. Only subjects common to the experimental and control syllabuses were included, and although anatomy and physiology, health and nutrition are subjects belonging to the Preliminary and not the Final State Examination it was considered advisable to include them, especially as the alternative students had been exempted from the earlier test.

Multiple Choice Tests—Subjects and Marks Allocated

TABLE 40

Subjects	September 1958	September 1959
Anatomy and Physiology	30	40
Health and Nutrition	17	20
Medical and Surgical Nursing	40	44
Pharmacology	25	15
Administration of Drugs	20	15
Gynaecology	6	6
Bacteriology	12	10
TOTAL	150	150

226. The actual arrangements which had to be made for the timing of the tests and the composition of the control groups were also fairly complex for various reasons. In the first place, it was decided that this test should take place as near as possible to the Final State Examination when the alternative and control students were almost at the end of their second and third years as students respectively. Secondly, it became apparent that it would only be possible to carry out this test with the Glasgow Royal Infirmary control nurses, since the Edinburgh Royal Infirmary students no longer attended a revision study block at the end of their third year, and there seemed little prospect of withdrawing a sufficient number of them from the wards at any one time for this purpose.

227. Permission was accordingly sought from the Matron of Glasgow Royal Infirmary to carry out this test with the control students, who about one month before taking their Final State Examination attended a revision study block for fourteen days. This arrangement meant that about half the control nurses were in the first revision block and the other half in the second one held a fortnight later. Plans were made for the multiple choice test to be carried out with the first group of alternative and control students in September 1958 (before taking their Final State Examination in October 1958). The test was to last one hour altogether, a quarter of an hour being allowed for giving out the test paper and the necessary instructions.² During the first year it was agreed (over-optimistically as was later proved) that the test should be given to the control

¹ The two multiple choice tests used are quoted in Appendix II.

² The multiple choice tests were conducted in both years (1958 and 1959) by a member of the Nursing Studies Unit of Edinburgh University and exactly the same instructions were given to alternative and control students on each occasion.

students in their two separate revision blocks on the 5th and 19th September, and to the alternative students in their separate school of nursing on 22nd September, the day after they had returned from two weeks' holiday.

228. The suspected danger of having a two-week gap in the administration of the same test, which could lead to some collusion between the two parts of the control group, was unfortunately confirmed. In marking the papers it was discovered that the control students who took the test on 19th September had a considerably higher score level throughout the test than either the alternative students or the control group taking the test on 5th September. It has been decided, therefore, that as the difference in marks was so noticeable this part of the first control group should be discarded in evaluating the results of this test, since any possible collusion would be detrimental to the evaluation of the alternative group's performance.

229. In the next table, No. 41, the control group of twenty-eight students who took the test on 5th September is composed of twelve established controls used elsewhere in this study, while the other sixteen students taking the test on this same day were nurses of similar seniority whose date for taking the Final State Examination had been postponed from June to October, on account of extra sickness absence they had incurred. The control group on this occasion was, therefore, partially co-opted, but it is reasonable to assume that this affords a more reliable control than would the inclusion of the remaining twenty-two control students who took the test on 19th September.

230. In planning the 1959 test, however, it was arranged that all the control students should be present in the classroom at one time, even though half of them had to be brought from the wards to do so. The alternative students were also available in their classroom for one hour later in the same day. On this second occasion in September 1959, the test was taken by all twenty-six alternative students and thirty-one control students. The results of this second test are presented in Table No. 42.

231. It had also been learned from the marking of the 1958 multiple choice papers that, if anything, the standard of the first paper had been rather high, and greater leniency in the amount of knowledge required and the allocation of marks was allowed on the second occasion. This change in policy accounts for the slight variation in the two multiple choice papers, and also for the fact that the marks scored by both groups of students were considerably higher in 1959. Because of the similarity of the performance of both groups of students in the 1958 and 1959 tests, which will be demonstrated in this chapter, it was decided by the Committee that this test should not be given in September 1960 to the third groups of alternative and control students.

232. The analysis of the results of these tests has been based on the actual marks achieved by the students in each separate subject and in the whole test. The presentation of the tables and the discussion of the students' performance will be similar to that used in the previous chapter, comparing the results achieved by all the students in the alternative and control groups in the first instance, and secondly illustrating to what extent any variation in standard might be related to the different courses or ability of the students taking them. As these multiple choice tests were only conducted in Glasgow Royal Infirmary, and the number of students participating was small on each occasion, the regular and pre-nursing school control groups have been combined in the tables presented throughout this Chapter.

*The Performance of the Alternative and Glasgow Royal
Infirmary Control Students in the Multiple Choice Test*

Table 41

September 1958 Test Results

Subjects	Alternatives		G.R.I. Controls*	
	Mean Score	S.E.	Mean Score	S.E.
Anatomy and Physiology	12.9 ± 3.5	± 0.7	12.9 ± 3.6	± 0.6
Health and Nutrition	10.0 ± 2.6	± 0.5	8.4 ± 3.7	± 0.7
Medicine and Surgery	11.6 ± 6.7	± 1.4	9.8 ± 5.4	± 1.1
Gynaecology	4.3 ± 1.7	± 0.3	3.5 ± 1.8	± 0.3
Bacteriology	6.4 ± 2.5	± 0.5	6.4 ± 2.4	± 0.5
Pharmacology	7.2 ± 3.4	± 0.7	7.1 ± 3.4	± 0.6
Administration of Drugs	5.9 ± 3.8	± 0.8	5.9 ± 2.8	± 0.5
Whole Test	58.3 ± 12.4	± 2.6	54.0 ± 15.4	± 2.9

* The control group for this test was composed of 12 students in the established control and a further 16 students co-opted as 'controls' on this occasion.

*The Performance of the Alternative and Glasgow Royal
Infirmary Control Students in the Multiple Choice Test*

Table 42

September 1959 Test Results

Subjects	Alternatives		G.R.I. Controls	
	Mean Score	S.E.	Mean Score	S.E.
Anatomy and Physiology	18.1 ± 5.4	± 1.1	14.6 ± 3.9	± 0.7
Health and Nutrition	6.9 ± 2.1	± 0.4	6.4 ± 2.7	± 0.5
Medicine and Surgery	21.6 ± 3.9	± 0.8	22.8 ± 4.1	± 0.7
Gynaecology	2.9 ± 1.4	± 0.3	2.8 ± 1.3	± 0.2
Bacteriology	7.3 ± 2.4	± 0.5	6.4 ± 2.1	± 0.4
Pharmacology	5.7 ± 4.7	± 0.4	6.1 ± 2.2	± 0.4
Administration of Drugs	8.2 ± 3.8	± 0.8	7.3 ± 4.2	± 0.8
Whole Test	70.7 ± 12.8	± 2.6	66.4 ± 13.1	± 2.4

233. Tables Nos. 41 and 42 indicate to some extent the same results as the overall performance in the General Nursing Council examinations, in so far as the alternative students have gained higher scores quite consistently throughout the tests, although on only one occasion during these two years did the better performance of the alternative students reach a significant level. This was in the anatomy and physiology section of the test in 1959 ($T=0.5>P>0.2$). Only twice, in 1959, did the control average slightly exceed the alternative average but on neither occasion was it a significant difference in terms of the T test applied.

234. One of the most interesting features of these tests was the inclusion of the subjects taken in the Preliminary State Examination from which the alternative students had been exempted, providing a guarantee of their competence in these subjects was given by their own tutors. It will be seen from this table that as far as anatomy and physiology were concerned the alternative students equalled the performance of the controls in 1958 and emphatically improved upon the control marks in 1959. In the health and nutrition section of the test the alternative students were also more successful on both occasions. From these results it would certainly appear that they seemed to be at no disadvantage by having omitted the Preliminary State Examination.

235. It is also relevant to point out that the control students had what might seem to be an advantage over the alternative students in other sections of this test, such as medicine and surgery, pharmacology and the administration of drugs, due probably to the way their course was organised. Not only was their practical experience of patients' symptoms more lengthy and extensive, but they

had many more opportunities for learning about the practical applications of pharmacology and drug administration on the wards. It seems, however, that the alternative students' theoretical knowledge suffered in no way from a shorter range of practical experience.

236. Tables Nos. 43, 44 and 45 relate to the achievement of the alternative and control students in various educational and intellectual categories to establish to what extent, if any, the results were affected by such factors. It will be noted that the classifications used here are the same as those given in the previous chapter. The numbers of students in each group were again very small, and therefore standard deviation and standard error calculations have been omitted.

The Performance of the Alternative and Glasgow Royal Infirmary Control Students in the Multiple Choice Tests in terms of Educational Standard

TABLE 43 September 1958 Results

Educational Standard	Alternatives		G.R.I. Combined Controls	
	Average Score	No. in Group	Average Score	No. in Group*
2 or more academic highs	62.1	9	65.3	2
School Leaving Certificate Only	54.2	14	56.0	4
NO School Leaving Certificate	83.6	1	49.3	6

* The twelve established control students only were included in these calculations, as the educational and intellectual ability of co-opted controls was unknown.

The Performance of the Alternative and Glasgow Royal Infirmary Control Students in the Multiple Choice Tests in terms of Educational Standard

TABLE 44 September 1959 Results

Educational Standard	Alternatives		G.R.I. Combined Controls	
	Average Score	No. in Group	Average Score	No. in Group
2 or more academic highs	75.1	16	78.5	2
School Leaving Certificate Only	61.6	9	68.3	6
NO School Leaving Certificate	71.5	1	64.9	23

Performance of the Alternative and Glasgow Royal Infirmary Control Students in the Multiple Choice Tests in terms of the N.I.I.P. Group Test 33

TABLE 45

Score Range	1958		1959			
	Alternative Students		Alternative Students		G.R.I. Combined Controls*	
	Average Score	No. in Group	Average Score	No. in Group	Average Score	No. in Group
>160	58.8	3	85.5	4	—	—
140-159	59.9	5	70.2	10	74.4	7
130-139	63.1	6	68.9	7	77.8	3
120-129	57.0	5	62.5	4	78.4	6
110-119	52.0	4	53.5	1	58.0	4
100-109	53.5	1	—	—	64.0	3
90-99	—	—	—	—	53.1	3
<90	—	—	—	—	47.2	4

* Intelligence score of one control student not known.

237. In these tables two trends are apparent. Firstly, that in this particular test whenever the students of equal educational and intellectual standard are compared the controls have obtained a higher score than the alternatives, although on only one occasion, in the 1959 N.I.L.P. Group Test 33 score range 120-129 did this superior control performance show a significant difference ($T=-01>P>001$). It will be remembered that in the similar analysis made of the Scottish General Nursing Council Final State Examination results the alternative students more frequently gained a higher average order of merit. It would appear, however, from these tables that the control students' course in some way gave them a slight advantage in these particular tests. Two reasons may tentatively be suggested to support this evidence. The control students, as pointed out earlier, may on account of considerably greater practical experience on the wards have been more familiar with some of the data required, and it is also possible that the alternative students may not have performed so well in an examination where their greater experience in the essay type of question did not count.

238. The second notable trend, similar to the one observed in the previous chapter, shows that there is a relation throughout these last three tables between education, intelligence and results achieved. This suggests that once again superior education and intelligence of the alternative students may have been responsible for their better overall performance. Tables Nos. 46 and 47 comparing the performance of students of varying abilities within each group assist in confirming this point.

*The Influence of Educational Level on the Results achieved
in the Multiple Choice Tests by the Glasgow Royal
Infirmary Control Students*

TABLE 46

Educational Standard	1958		1959	
	Average Score	No. in Group*	Average Score	No. in Group
G.R.I. Combined Controls with School Leaving Certificate	59.1	6	70.9	8
G.R.I. Combined Controls with NO School Leaving Certificate	49.3	6	64.9	23

* Only twelve established control students have been included in this table; the educational and intellectual ability of co-opted controls was unknown.

*The Influence of Intelligence Score on the Results achieved
in the Multiple Choice Tests by the Alternative and Glasgow
Royal Infirmary Control Students*

TABLE 47

Intelligence Score	1958		1959			
	Alternative Students		Alternative Students		G.R.I. Combined Controls	
	Average Score	No. in Group	Average Score	No. in Group	Average Score	No. in Group*
>130 in N.I.L.P. Group Test 33	61.1	14	72.6	21	75.4	10
<130 in N.I.L.P. Group Test 33	54.8	10	60.7	5	61.9	20

* Intelligence score of one control student unknown.

239. This analysis confirms again that educational and intellectual ability have a strong influence on examination success, which must immediately put the alternative students in a highly advantageous position. As far as can be judged from the evidence in these tables the intelligence score again seems to have a greater influence on the results than general level of education. In neither year was the better performance of the Glasgow Royal Infirmary control students who had a school leaving certificate significantly higher than those who did not possess this qualification, whereas in the intelligence score analysis the more intelligent alternative and control students in 1959 had significantly better results ($T=0.2 > P > 0.5$ and $T=0.1 > P > 0.01$ respectively); and in 1958 the alternative students with a score of 130 or more had a higher rating than their less intelligent colleagues, although the difference was not technically significant ($T=10 > P > 20$).

240. There is no doubt that the alternative students acquitted themselves in a most satisfactory manner in these multiple choice tests in so far as they slightly improved upon the overall performance of the control nurses. Equally, however, it has been demonstrated that for this achievement the alternative students had relied heavily on their superior intellectual abilities, and that when this advantage was discounted the control students' ratings were slightly better. As in the previous chapter it seems reasonable to conclude that personal ability and educational background played a greater part than the new course itself in the success of the experimental students.

CHAPTER X

THE PERFORMANCE OF THE ALTERNATIVE AND CONTROL STUDENTS IN THE WARD PRACTICAL TESTS

241. In contrast to the two preceding chapters, which have dealt almost exclusively with the theoretical performance of the alternative and control students, the analysis in this chapter is concerned with their performance in a practical ward test taken a few months before the Final State Examination. As already indicated in Chapter V, it soon became apparent to the Assessment Committee that some method of evaluating the students in a practical situation would be a vital aspect of this type of study.

242. In the course of evaluation discussions with the Matron of Glasgow Royal Infirmary it had become known to the Committee that a ward practical test was taken by all three-year students within a few months of completing their Final State Examination. This test had, in fact, nothing whatsoever to do with the General Nursing Council Examination, but was part of an internal process of student nurse assessment carried out in this hospital. The advantages of such a test, which enabled the student to be assessed as she performed a treatment for a patient in a normal ward setting, were immediately obvious to the Committee, especially as the General Nursing Council practical examination has, of necessity, to be conducted in a classroom with apparatus and no patients. These State practical examinations have to be conducted in this way principally on account of the larger number of students participating three times a year.

243. At the Committee's request the Matron of Glasgow Royal Infirmary gave permission for the ward practical tests to be extended to include the

alternative as well as the control students. Although these tests were routinely carried out three times a year by the ward sisters for the latter group, it was considered essential that for assessment purposes other external examiners should be invited to assist them. Two senior nurses experienced in this technique were, therefore, invited to come to Glasgow Royal Infirmary to help with this project. One of them was the Matron of a London hospital, and the second a Principal Tutor of a Scottish hospital a considerable distance from Glasgow.

244. The exact timing and planning of this procedure had to be worked out as soon as possible, and it was arranged that the first ward practical test should take place in August 1958 to include the first group of alternative students due to take their Final State Examination in October 1958, and as many as possible of the first control group of students, also due to take the same State Examination.¹ Both groups of students were, therefore, within two months of taking their Final State Examination, although once again this meant that the control nurses had been students for an extra year.

245. The examination for the second alternative and control groups of students was planned to take place in May 1959, as this was the more customary time for this examination to be carried out. As in the case of the multiple choice tests it was decided by the Assessment Committee that there would be no advantage in carrying out this procedure again in May 1960 with the third group of alternative and control students. It will be seen from the analysis of the 1958 and 1959 tests that the standard of the two student groups was almost equal in all aspects.

246. By agreement with the Matron of Glasgow Royal Infirmary, the Committee invited the two external examiners to visit the hospital a few months before the first official test was to take place, so that they might get a personal impression of the layout of the wards and the exact method by which the ward sisters normally conducted this examination. This preliminary visit to the hospital proved of great advantage to everyone concerned with this work and the essential arrangements for this evaluation procedure were established at this time. It was decided that, as there would be a total of about fifty students to be seen on each occasion,² one external observer should work with one ward sister over a three-day period, so that each pair of observers could see eight students daily, a total of sixteen students being examined on each of the three days.

247. The method of examination was to be exactly the same as usual, so that the student would come to a specified ward where she was then asked to prepare and carry out a certain medical or surgical procedure for one of the patients. The external examiners were also marking the students independently under their own headings, in order to provide a summary on the performance of each nurse. The only addition to the usual routine of the ward practical test requested by the Committee was that the external examiners should have a five-minute viva-voce with each alternative and control student at the completion of the test. This suggestion meant adding slightly to the length and stress of the ward test for the students, but it was important that the external examiners should meet each candidate individually if they were to give an objective rating

¹ As arrangements had to be made rather hastily in 1958 only nineteen regular control nurses could be included, and the other five students were nurses who had commenced their course a little earlier than the controls.

² There were 24 alternative and 24 control students to be examined in August 1958, and 26 alternative and 26 control students to be examined in May 1959.

of overall performance. This additional request was granted by the Matron of Glasgow Royal Infirmary.

248. The difficulties associated with the carrying out of this practical test on a large scale in order to include about fifty students on each occasion were quite considerable; and it is as well to recognise that there were variable as well as invariable factors in this test for all the students.

249. As far as possible, the arrangements for these ward practical tests were the same for both groups of students. For instance, all the students on both occasions were wearing the same uniform and identified by numbers, so that the external observers had no idea to which group they belonged. The students came to each ward in pairs, and were allocated their nursing procedure and patient upon arrival. The two students stayed on the ward for an hour altogether and were each examined for half an hour in turn, whenever they had their equipment and procedure ready for demonstration. On the second occasion in May 1959 all the students also had access to the patients' case notes before commencing their practical test.

250. There were, however, a number of variable factors which must also be noted and recognised. Firstly, it was never possible, under these circumstances, to give all fifty of the students the same procedure to carry out. Sometimes, it was difficult to find a suitable number of procedures for all the students to be examined; and certain inconsistencies immediately arose. For instance some of the students, on both occasions, had a very complicated technical nursing procedure to perform, such as the removal of a drainage tube, and a few of them even assisted the medical staff with a treatment. Others again were carrying out more routine nursing procedures, such as the treatment of pressure areas or getting a patient out of bed. Some students would be more familiar with a certain ward and its patients, whilst others would perhaps find themselves on a totally strange ward, where the layout of equipment was unfamiliar.

251. Another important factor is always the attitude of the patient on such occasions. Undoubtedly most patients are extremely co-operative and enter into the spirit of the event, when they have been told that the treatment being carried out by the student will be observed by other nursing assessors. There can be, nevertheless, a variation in the extent of a patient's co-operation and understanding which will have some repercussions upon the student nurse concerned. These variables taken together do mean that not only did some students apparently have an easier test than others, but that the assessment of their performance was a difficult and skilled job.

252. There was another aspect of this work which presented unique problems. It has already been mentioned that the actual method and execution of the examination was left in the hands of the ward sisters of Glasgow Royal Infirmary, so that no difference from routine practice should be made in the internal assessment of the student, of which their ward practical test formed an important part. But this policy did mean at the same time the imposition of quite severe restrictions upon the external examiners who, although present throughout the tests, had not selected the procedures to be carried out by the students.

253. The data and comments which follow are based entirely upon reports made available by the two external examiners. They each submitted two reports, one for the August 1958 and one for the May 1959 test. On both occasions they had a total of fifty marks to allocate to each candidate, twenty marks for preparation of equipment and technique, twenty marks for skill in handling the situation and patient relationship and ten marks for the viva-voce. They

also provided comments on the practical, theoretical and personal abilities of each student observed, to which reference will be made later in this discussion.

254. As the two external examiners could not see all the alternative and control students, it was arranged that they observed half the students in each group on both occasions. For this reason in all the tables relating to these tests the external examiners' marks have been combined, as it is considered that any slight variation in standard of marking will affect both groups equally, and as the examiners themselves said "they were unable to distinguish which students belonged to each group", there was no need to doubt their objectivity.

255. The discussion of the data in this section will again relate to the performance of the alternative and Glasgow Royal Infirmary control students as groups, and then the standard achieved by students of varying educational and intellectual ability within each group. The control groups in all the following tables, Nos. 48 to 54, are the combined regular and pre-nursing school controls. The performance of the pre-nursing controls has not been tabled separately because neither the regular nor pre-nursing school control groups were complete in either year. In 1958 only twenty-four control nurses out of a possible total of thirty-five were examined, and in 1959 only twenty-six control nurses out of a possible total of thirty-one were examined. These students were selected according to availability at the time of the test, and as a result neither part of the control groups was complete enough for separate evaluation. In 1958 in order to establish a control group at all, five unofficial control nurses had to be co-opted to make up the group.

*The Performance of the Alternative and Glasgow Royal Infirmary Control Students in the Ward Practical Test
August 1958 Test Results*

TABLE 48

Subject	Alternative Students		G.R.I. Combined Controls	
	Average Score	S.E.	Average Score	S.E.
Preparation of equipment and Technique . . .	13.0±2.6	±0.5	12.6±3.6	±0.7
Skill, Patient relationship and appearance . . .	13.9±2.3	±0.5	13.4±3.6	±0.7
Viva-voce interview . . .	6.6±1.4	±0.3	6.7±1.7	±0.3
Total results	33.5±4.4	±0.9	32.7±8.1	±1.7

*The Performance of the Alternative and Glasgow Royal Infirmary Control Students in the Ward Practical Test
May 1959 Test Results*

TABLE 49

Subject	Alternative Students		G.R.I. Combined Controls	
	Average Score	S.E.	Average Score	S.E.
Preparation of equipment and Technique . . .	13.1±2.1	±0.5	13.1±2.9	±0.6
Skill, Patient relationship and appearance . . .	13.7±2.8	±0.5	13.6±2.0	±0.4
Viva-voce interview . . .	6.2±1.5	±0.3	6.6±1.7	±0.3
Total results	33.0±6.1	±1.2	33.3±5.2	±1.0

256. It is quite clear from the above tables that the performance of both groups of students in 1958 and 1959 is almost identical; in fact there is no statistically significant difference in their abilities under any of these headings. The alternative students have gained a slightly higher average mark for their skill in planning procedures and their attitude to patients in both years, and in 1958 for their preparation of equipment and technique. On the other hand, the controls have scored a slightly higher average mark on both occasions in their viva-voce test.

257. Although, however, these marks are almost identical on both occasions, credit must be given to the alternative group for equalling the standard achieved by the controls who had, after all, been in the wards for an extra year and for much longer periods of time. This additional experience would not only familiarise them with techniques but in learning the most effective ways of approaching and handling their patients. A second point of interest is that the control students have attained a slightly higher average mark than the alternatives during their viva-voce interview. This finding would seem to contradict the more satisfactory theoretical results achieved by the alternative students in both the General Nursing Council Final State Examination and the multiple choice tests. The difference, however, is so slight that it may be accidental; but it is also possible that the additional familiarity with wards, and patient treatment may have favoured the control students in this particular situation.

258. As the closeness of the marks would indicate the type of comment made by the external examiners on performance was similar for the two groups of students. In both cases the students were generally commended for their kindness to patients and the friendly but professional relationship established with them during the treatment.

259. The remarks made by the two examiners in their reports for 1958 and 1959 reflected clearly the close marking of the two groups of students seen in Tables Nos. 48 and 49. They related principally to the performance of the students under the three headings for which they had allocated the marks. Twenty alternative and twenty control students were commended on the adequate and careful preparation of their equipment and materials, whilst it was also pointed out that ten alternative and fifteen control students had not made efficient preparations for the procedures they had to undertake. As far as the standard of technique was concerned the examiners noted the skill and competence displayed by twenty-five of the alternative students and twenty-seven of the control students, but at the same time criticised the technical performance of nineteen other students in each group. The comments on the viva-voce again fall into almost the same pattern with twenty-seven alternative students and thirty control students being commended for their grasp and understanding of nursing procedure, and eighteen students again in each group were considered to have a rather inadequate theoretical knowledge and not much idea of correlating theory and practice.

260. An analysis was also made on the educational background and intelligence score of these students using the same classification as for the re-marked General Nursing Council papers and multiple choice tests. Once again the small numbers of students in each category in these tables caused the omission of standard deviation and standard error tests.

*The Performance of the Alternative and Glasgow Royal
Infirmary Control Students in the Ward Practical Test
in terms of Educational Standard*

TABLE 50 *August 1958 Results*

Educational Standard	Alternative		G.R.I. Combined Controls*	
	Average Score	No. in Group	Average Score	No. in Group
2 or more academic highs	33.4	9	34.7	4
School Leaving Certificate only	33.1	14	33.3	9
No School Leaving Certificate	32.0	1	31.8	6

* Five students who took this test in August 1958 were co-opted controls and their educational standard unknown.

*The Performance of the Alternative and Glasgow Royal
Infirmary Control Students in the Ward Practical Test
in terms of Educational Standard*

TABLE 51 *May 1959 Results*

Educational Standard	Alternative		G.R.I. Combined Controls	
	Average Score	No. in Group	Average Score	No. in Group
2 or more academic highs	34.9	16	32.0	2
School Leaving Certificate only	31.2	9	33.8	5
No School Leaving Certificate	20.0	1	33.3	19

*The Performance of Alternative and Glasgow Royal
Infirmary Control Students in Ward Practical Test
in terms of the N.I.P. Group Test 33*

TABLE 52

Score Range	1958		1959			
	Alternative Students		Alternative Students		G.R.I. Combined Controls*	
	Average Score	No. in Group	Average Score	No. in Group	Average Score	No. in Group
>160	35.6	3	33.7	4	—	—
140-159	34.6	5	32.4	10	36.3	4
130-139	33.6	6	31.3	7	29.3	3
120-129	32.2	5	38.0	4	31.5	6
110-119	31.3	4	20.0	1	36.6	3
100-109	31.0	1	—	—	34.3	3
90-99	—	—	—	—	29.0	2
<90	—	—	—	—	34.8	4

* Intelligence score of one student unknown.

261. These last three tables, Nos. 50 to 52, indicate that when allowances have been made for educational and intellectual differences between the two groups of students there is little variation in their respective achievements. The fact that the alternative students have achieved as good a standard as the controls must, as already indicated, lead to the conclusion that their course has enabled them to gain this proficiency after spending a much shorter period of time on clinical nursing. Unlike the earlier analyses of the General Nursing Council final examinations and the multiple choice tests, there seems also to be no evidence of the advantage of greater educational or intellectual ability in this practical test. This observation will be checked in the next tables, Nos. 53 and 54, showing the standard achieved by each group in terms of their own educational and intellectual background.

*The Influence of Educational Standard on the results
achieved by Glasgow Royal Infirmary Control Students
in the Ward Practical Tests*

TABLE 53

Educational Standard	1958		1959		1958 and 1959	
	Average Score	No. in Group	Average Score	No. in Group	Average Score	No. in Group
G.R.I. Combined* controls with School Leaving Certificate	33.8	13	33.3	7	33.6	20
G.R.I. Combined* controls with NO School Leaving Certificate.	31.8	6	33.3	19	32.9	25

* Five students who took this test in August 1958 were co-opted controls and their educational standard is unknown.

*The Influence of Intelligence Score on the Results
achieved by the Alternative and Glasgow Royal Infirmary
Control Students in the Ward Practical Tests*

TABLE 54

Intelligence Score	1958		1959			
	Alternative Students		Alternative Students		G.R.I. Combined Controls*	
	Average Score	No. in Group	Average Score	No. in Group	Average Score	No. in Group
>130 in N.I.L.P. Group Test 33	34.5	14	32.3	21	33.3	7
<130 in N.I.L.P. Group Test 33	31.6	10	36.2	5	33.3	18

* Intelligence score of one student unknown.

262. It appears, as previously suspected, that the ability of the students in this instance seems to have no bearing on their performance. Indeed, it may be argued that if the highly educated and most intelligent students do no better than their less able colleagues they certainly do no worse. This finding is in itself of importance in a profession where the possession of reasonable academic ability has sometimes been regarded as a disadvantage in practical affairs. These tables confirm the impression already noted that, in this particular test of practical skill, the alternative students appear to have benefited from the shorter but more closely supervised clinical experience available to them, as they have not in this instance relied on their superior academic ability to equal the performance of the control students in a much shorter period of time.

CHAPTER XI

AN ANALYSIS OF SICKNESS AND WASTAGE AMONG THE ALTERNATIVE AND CONTROL STUDENTS

263. The reduction of wastage amongst student nurses, as already noted, was an important objective of this experiment, and the need to try to compare the loss of nurses in the two student groups was immediately apparent to the Assessment Committee. The reduction of sickness as such had not been mentioned in the official discussions relating to the establishment of the experiment, but the Committee considered that this particular factor could also be regarded as an interesting indicator of student well-being, and would prove a useful adjunct to the data on wastage rates. A further reason for including the analysis of sickness records in this section of the evaluation was that information on sickness as well as wastage is routinely kept for all student nurses, thus not necessitating the establishment of additional records.

264. In the planning of the evaluation procedures the Assessment Committee therefore approached the Matrons of Glasgow Royal Infirmary and Edinburgh Royal Infirmary seeking access to both these sets of data as required. This request was granted in respect of all the alternative and control students, and the records have been made available to the Committee whenever necessary throughout the period of evaluation.

265. Even the collection of such routinely maintained records has not been without some unforeseen difficulties. Firstly, although accurate and up-to-date sickness records are maintained in both hospitals, the actual method of recording varies so that the totals are not always comparable. For this reason it has been decided that only records relating to the alternative and Glasgow Royal Infirmary control students maintained by the one hospital should be included in this report. The second difficulty encountered was associated with the wastage records. It will be recalled that arrangements for this evaluation could not be made until late in 1957, although, in fact, the records for the control nurses included in the investigation date back to August 1955. It was thus inevitable that some of the information regarding students who had left more than two years before the commencement of the evaluation was sometimes less detailed than was desirable for the Committee's purposes. Nevertheless, with the co-operation of the Matrons concerned, it has been possible to record the causes of wastage in every instance with reasonable accuracy.

266. The first section of this chapter will be concerned with a discussion of the sickness absence rates, and the second section with the wastage rates of the alternative and control students.

SICKNESS RECORDS

267. As indicated, the sickness records in this chapter are based on the alternative and Glasgow Royal Infirmary control students only. They cover the whole first three years of both courses; that is they include the first two years and the whole interne year for the alternative group, and three student years,

to within about two months of taking the Final State Examination, for the controls. Any sickness occurring after this period has been omitted.

268. In the two following tables the sickness rates of the alternative and Glasgow Royal Infirmary control students are compared. Table No. 55 indicates the mean rate of sickness occurring in both groups in each year of the course, and Table No. 56 illustrates the various lengths of absence during each year.

*Average Number of Days' Sickness per Annum for the
Alternative and Glasgow Royal Infirmary Control Students*

TABLE 55

		Alternative Students	G.R.I. Combined Control Students
		Days per annum	Days per annum
First Year	1st group	5.8	12.1
	2nd group	6.9	7.7
	3rd group	13.1	8.7
Second Year	1st group	6.1	12.7
	2nd group	7.3	15.5
	3rd group	8.3	24.1
Third Year	1st group	9.3	12.2
	2nd group	16.6	14.4
	3rd group	8.5	12.9

N.B. Only students completing the full year of the course referred to in the above table have been included in this analysis.
G.R.I. refers to Glasgow Royal Infirmary.

Table No. 55 illustrates that the average rate of sickness absence is considerably less for the alternative nurses in seven out of these nine groupings presented. It is also notable that the alternative nurses had rather more sickness in their interne year than either of the previous years of the course, except for the third intake who had a high rate of sickness during their first year. This increase might well be due to the fact that they could be, and many were, non-resident during this year, and also that for the first time they undertook longer hours of work and more night duty.

269. The slightly higher rate of sickness among the control nurses is further indicated in Table No. 56, where in each year there are smaller percentages of alternative nurses recorded as having more than a fortnight's sick leave. Again, there is only a slight difference between the two groups, in favour of the alternatives, in the third year records.

270. It has also been possible to indicate in Table No. 57 the aggregate sickness rates for these students over the whole three-year period. In making these estimations only students in both groups who have continued their training throughout the entire course have been included; and the aggregate

for each group quoted has been based on all attendances in wards and class-rooms over a 365-day period minus twenty-eight days holiday leave. On this notional basis each student can therefore work for 1,011 days in the three years.

Length of Sickness Absence for the Alternative and Glasgow Royal Infirmary Control Students in each year of the Course

TABLE 56

	Length of Sickness Absence	No. of Days Sickness per annum	
		Alternative Students	G.R.I. Combined Controls
		Per cent.	Per cent.
First Year	Percentage of students with no sick leave	30.1	35.3
	Percentage of students with 1-14 days sick leave	50.7	39.3
	Percentage of students with 15-42 days sick leave	15.1	22.0
	Percentage of students with over 6 weeks sick leave	4.1	3.3
	Total Percentage	100.0	100.0
	No. of students in group	73	151
Second Year	Percentage of students with no sick leave	31.9	27.9
	Percentage of students with 1-14 days sick leave	52.8	34.2
	Percentage of students with 15-42 days sick leave	13.9	25.9
	Percentage of students with over 6 weeks sick leave	1.4	12.0
	Total Percentage	100.0	100.0
	No. of students in group	72	143
Third Year	Percentage of students with no sick leave	40.9	33.1
	Percentage of students with 1-14 days sick leave	36.4	42.4
	Percentage of students with 15-42 days sick leave	22.7	17.9
	Percentage of students with over 6 weeks sick leave	—	6.6
	Total Percentage	100.0	100.0
	No. of students in group	72	141

N.B. Only students completing the full year of the course referred to in the above table have been included in this study.

The Aggregate Amount of Sickness Absence for the Alternative and Glasgow Royal Infirmary Control Nurses in Three Years

TABLE 57

Alternatives		Aggregate No. of Days Worked	Aggregate Days lost over 3 years		G.R.I. Combined Controls		Aggregate No. of Days Worked	Aggregate Days lost over 3 years	
Group	No.		No.	%	Group	No.		No.	%
First	24	24,264	508	2.1	First	46	46,506	1,679	3.6
Second	26	26,286	804	3.1	Second	36	36,396	1,439	4.0
Third	22	22,242	610	2.7	Third	59	59,649	2,670	4.5

G.R.I. refers to Glasgow Royal Infirmary.

271. Table No. 57 confirms the trend already noted in Tables Nos. 55 and 56 for the sickness absence record of the alternative students to be rather better than the controls. That this result should be achieved is, however, hardly surprising in view of the advantages enjoyed by alternative groups who did considerably fewer hours on the wards and very little night duty before their third year. This reduced rate of sickness absence among the alternative nurses, may, therefore, be to some extent regarded as an indication of the better training conditions enjoyed by them.

272. Some comment on the sickness rates of the alternative and control students who did not complete their course is also revealing. Of the fifty-eight control students who discontinued before taking their Final State Examination eleven of them did so for health reasons, three during the first year, five in the second year and three in the final year. The three students leaving on account of illness in the first year had an average sickness absence rate of fifty-nine days as against the other thirty-two first-year leavers with an average of 5.8 days only. In the second and third years the students leaving on account of ill health had an average sickness rate of 90.7 and 193.6 days as against 13.0 and 3.0 for the other second- and third-year leavers respectively.

273. Only two alternative students have left for health reasons: one left during the first year with eighty-two days sickness absence and the other in the second year after being off sick for 119 days. The one other leaver in this group discontinued without any sickness absence in her first year.

274. It therefore appears that the students in both groups who leave for health reasons are those who have accumulated an exceptional amount of sickness absence. This is very noticeable if these rates are compared with average rates in Table No. 55. The proportion of control students leaving the course for health reasons is also slightly greater than the alternative's,¹ which may well be due to the fact that once they exceed the amount of sick leave officially permitted by the General Nursing Council the date of their Final State Examination is postponed, so that they have to join a more junior student group in the hospital. This procedure, inevitable in the regular three-year schools, could have a depressing effect on quite a number of the three-year students, who do not like falling behind the group with whom they have commenced their course. Such a problem does not, on the other hand, arise for the alternative students, who are permitted to take the Final State Examination at the completion of their two years, irrespective of the amount of sickness absence, so long as any lectures missed have been made up before taking the examination.

275. This analysis of the amount of sickness absence would seem to indicate that the alternative nurses have had not only a slightly lower average rate of absence, but that there is also some evidence that they do not discontinue their training so easily for this reason.

WASTAGE RECORDS

276. The reduction of wastage amongst student nurses has already been noted as one of the basic premises of the experiment. The records discussed here relate to all the alternative and control nurses in this study. They cover the time between the commencement of the course and taking the Final State

¹ Ratio of alternative students leaving for health reasons was 1=37.5. Ratio of control students leaving for health reasons was 1=32.2.

Examination, that is a period of just over three years for the Glasgow and Edinburgh Royal Infirmary control groups, and three years, to the completion of the interne year for the alternative nurses.

277. During the period under consideration fifty-eight students left from the two control groups, twenty-seven from Glasgow Royal Infirmary and thirty-one from Edinburgh Royal Infirmary. Thirty-five or 60.3 per cent. of them left during the first year of the course, 27.6 per cent. in the second year and only 12.1 per cent. in the third year. Three alternative students have also left, all of them from the last intake in September 1958. Two of them left during their first year and one in her second year.

278. Table No. 58 indicates the difference between the number of students completing their course in the alternative and control groups, who are referred to as 'stayers', and the number of students in both groups who left before taking their Final State Examination are referred to as 'leavers'.

*Wastage Rates of all Alternative and Control Students
before taking the Final State Examination*

TABLE 58

No. of Students per Group	Alternative Students		G.R.I. Combined Controls		E.R.I. Combined Controls	
	No. of Stayers	No. of Leavers	No. of Stayers	No. of Leavers	No. of Stayers	No. of Leavers
First intake	24	—	46	12	46	8
Second intake	26	—	36	6	53	12
Third intake	22	3	59	9	57	11
Total No. of Students	72	3	141	27	156	31
Percentage leaving before Final State Examination	4.0		16.0		16.5	

279. There is no doubt at all about the impressiveness of the alternative students' performance in this part of the evaluation; and if the development of such a course could so radically reduce wastage this in itself would be sufficient to recommend its perpetuation. Whilst, however, it would be churlish to detract from these excellent results, two factors must be borne in mind in this discussion. Firstly, there can be no doubt at all that a special feeling of group loyalty and responsibility was originally engendered by this experiment, and was particularly noticeable among the first group of alternative nurses. In such a situation special factors other than vocation and job-satisfaction are at work, and they are not likely to persist if such an experiment becomes part of a traditional pattern. There is indeed evidence to support this point. In other countries, notably Canada, the U.S.A. and Scandinavia, where similar courses have been carried out with even more carefully selected students, a small but persistent wastage of approximately 8 to 10 per cent. has been noted, and is probably ineradicable.¹

280. The next table, No. 59, indicates how educational and personal background has influenced the percentage of students leaving before taking the Final State Examination in each of the sub-groups listed.

¹ For reduced rates of wastage in the two similar Canadian experiments see Chapter II, pp. 17-18 and for reference to reduction of wastage in Finnish 24-year course see Chapter II, p. 19.

*Rate of Wastage of Alternative and Control Students
in terms of background characteristics*

TABLE 59

	Alternative Students				G.R.I. Combined Controls				E.R.I. Combined Controls			
	Stayers		Leavers		Stayers		Leavers		Stayers		Leavers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Students leaving school 17·0 years	8	11·1	Nil	0·0	71	50·3	16	59·2	57	36·5	15	48·4
Students who have no S.L.C.	3	4·2	Nil	0·0	82	58·1	20	74·0	51	32·7	16	51·8
Students who have held non-nursing jobs	12	16·6	Nil	0·0	49	34·7	15	55·5	14	8·9	7	22·9
No. of stayers and leavers	72		3		141		27		156		31	

281. The main point illustrated by this table is that, as far as the control nurses are concerned, the proportion of leavers is usually higher amongst certain types of students, such as those who left school before the age of 17·0, amongst those who had no School Leaving Certificate, and also those who had previously held another type of post before nursing. All these characteristics, as the table shows, are more commonly found amongst the control nurses which must predispose them to a higher wastage rate than the alternative groups.

282. The next table, No. 60, compiled from official records gives some idea of the causes of wastage amongst the fifty-eight control students and three alternative students who have left before taking their Final State Examination.

The Causes of Wastage amongst all Alternative and Control Students up to the time of taking Final State Examination

TABLE 60

	1956-1958	1955-1957	1955-1957
Reasons for Discontinuation of Training	Alternative Students	G.R.I. Combined Control Students	E.R.I. Combined Control Students
Educationally unsuitable . . .	—	9	3
Dislike of Nursing	1	5	13
Sickness	2	8	3
Home circumstances (Removal of Parents) . . .	—	1	5
Personal not specified	—	3	2
Marriage	—	—	4
Homesickness	—	1	1
Total number leaving	3	27	31
Total number of students in group	75	168	187

283. It will be seen from Table No. 60 that the first three causes listed, educational unsuitability, dislike of nursing and sickness, were the main reasons for the discontinuation of these sixty-one students. The educational and intellectual superiority of the alternative students, and the effect of these factors upon wastage during training, which has already been noted, is illustrated even more clearly in this last table. This factor has accounted for the loss of twelve control students but not one alternative student. Sickness absence too has

been discussed in the earlier part of this chapter, and again the figures in this table indicate that, when allowance has been made for the variation in size between the alternative and control groups of students, there is a slight improvement attributable to the experimental course.

284. The third item on this list, dislike of nursing, also takes a considerably higher toll of the control students. Admittedly this heading has been used here in its broadest sense, including any reason from dislike of hospital discipline to fear of the patients in the early months of the course. But it nevertheless indicates a considerable lack of congeniality and enjoyment of the course amongst the control students, as compared with the alternatives, only one of whom left for this reason. The conclusion, therefore, would seem to be that the principal 'avoidable' causes of wastage occurring in the control groups have been greatly reduced, or eliminated, amongst these particular alternative students.

285. The other various reasons for discontinuing training listed in the last four columns of Table No. 60—home circumstances, marriage, homesickness and the 'personal' reasons—account for only 27.9 per cent. of all this wastage as compared with 72.1 per cent. in the first three categories already mentioned. These particular causes are, however, less likely to be eradicated by changing the method of training, and it is considered that a small hard core of wastage is likely to be attributable to such reasons amongst any group of student nurses. The alternative nurses had, in fact, no loss in these particular categories, but it is unlikely in the event of the new course becoming a permanent feature that this perfect record would be maintained.

Part 5. A Comparative Analysis of the Performance of the Alternative and Control Nurses after completing the Final State Examination

CHAPTER XII

THE PERFORMANCE OF THE ALTERNATIVE INTERNE NURSES COMPARED WITH THE CONTROL STAFF NURSES

286. It will be recalled that this experiment was not only concerned with the progress of the alternative nurses as students in their first two years, but also with the third, interne, year which had to be completed in accordance with certain stipulations before they could become Registered General Nurses of the Scottish General Nursing Council. In the official words of the Steering Committee report it was stated that:

" During this period of the experiment each student will be required to spend the first six months of the (interne) year following the passing of the State Examination in the parent training school acquiring further nursing experience. The next six months may be spent either in one of the special fields in which she has had some experience according to choice or in the parent school in the ward or wards so far as possible of her choice. During this period while she is in the parent hospital she should for all practical purposes act as a staff nurse in the same way as fourth-year students in some training schools do now. It is essential that this 'interne' year should be clearly differentiated from the third year of the normal student course. In one of the special fields her status might be that of a post-registration student."¹

287. Not only, however, was the status of the alternative nurse changed in this year, but her working conditions too for the first time became similar to those of the regular nurses. The interne nurse was now to spend a full working week (of just over forty-six hours) on the wards; and she could be put on night duty for longer periods of time than previously. She could also, if she so desired, now live outside the nurses' hostel, and in fact quite a number of the nurses in all the alternative groups did so, some of them living at home and others sharing flats together. But the biggest change of all for these nurses was that they were now to be full members of the ward team for the first time since they had begun their nursing, and they were to assume this responsibility at a high level. Only in one respect were special arrangements made for these interne nurses. They had to attend a study day at the School in Clevedon Road once a month. During this study day they had opportunities for discussing the new aspects of their work on the wards, inviting other professional people to talk to them, and keeping in touch with current nursing literature and films.

288. The special interest and significance of this interne year hardly needs emphasis, and the Assessment Committee were well aware of their responsibility in attempting to evaluate the performance of these groups of nurses who were now the first official 'internes' in British nursing. Nor indeed was it possible to look elsewhere for any guidance as to how to assess this particular phase of nursing education; as already indicated no specific attempt had been made to consider the contribution made by the Canadian nurses in the Toronto experiment in their interne year.

289. The principal task facing the Committee was to assess to what extent this new method of training had prepared the alternative nurses for their acting staff nurse role. It was considered that the realisation of this objective might again best be reviewed by comparing the performance of the interne nurses with other control nurses in Glasgow Royal Infirmary, who were undertaking a fourth year as staff nurses. There were no examinations or tests to be taken during this period by either group, and so it appeared that some method of observing the nurses as they worked on their wards would be most satisfactory.

290. There was little time to be lost in making such special plans, as the first group of alternative nurses were due to enter their interne year on 23rd September 1958. After several discussions with the Matron of Glasgow Royal Infirmary it was agreed in principle that periodic observation sessions should take place during the interne year on the wards, and that senior, experienced

¹ Steering Committee Report (unpublished paper).

nursing personnel, such as sister tutors and ward sisters, should be invited to undertake this important task on behalf of the Committee.

291. At this early stage in planning it was arranged that two sessions should be carried out each year, one during the first three months and the other at the end of six months, as the alternative nurses were to be acting staff nurses during this period and might be working as post-registration students in outside hospitals in the second six months. These preliminary arrangements had, however, to be altered somewhat, in view of the rather unexpected findings resulting from the first two sessions carried out in December 1958, and February-March 1959, respectively.

292. After this latter session it was agreed that a third observation should also be carried out at the end of the interne year.

293. The observation sessions took place on the following dates during the three interne years:

First Year

8th-20th December 1958

9th-21st March 1959

10th-22nd August 1959

Second Year

9th-14th November 1959

22nd February-5th March 1960

1st-13th August 1960

Third Year

14th-18th November 1960

27th February-10th March 1961

31st July-10th August 1961

During the first interne year there were twenty-four alternative nurses to be assessed, in the second year twenty-six and in the third year only twenty-two, as three students had previously left this last group. This meant that each observation session had to be planned for forty-eight, fifty-two and forty-four alternative and control nurses respectively during these three years.

294. Several decisions had to be taken in connection with the planning of these observation sessions. Firstly, it was decided that this work should be undertaken by internal (that is Glasgow Royal Infirmary) observers as well as external nurse observers, so that the impartiality of the outsider could be balanced by the closer understanding of the internal observer about the ward routine and nursing procedures used in this particular hospital. The second essential decision to be taken related to the length of the observation sessions. It was finally decided that a period of two and a half hours would be long enough but not too long for the purpose in mind, and that as many of the sessions as possible should take place in the mornings when the wards were always busy. No more than three sessions were to be carried out on any one day.

295. Thirdly, it was agreed that the nurse observers were to work in pairs, one external and one internal, and their schedule would be so arranged that on every occasion each pair of observers would see an equal number of alternative and control nurses. This was an important point to consider, as it was appreciated that rating levels of assessors must vary, and there was in addition no guarantee of the same personnel being able to undertake this work over the whole three years.

296. This last decision necessitated inviting four external and four internal observers to assist in this work on each occasion. The former were seconded from the two hospitals who had nurse-members on the Assessment Committee,¹ and the latter were ward sisters of Glasgow Royal Infirmary appointed on each occasion by the Matron.

297. Another principle adopted was that each observer would assess the 'observee' independently on every occasion, making their own rating and comments. To enable them to do this the observers were each given a specially prepared booklet at the beginning of the session and were requested to mark under the following headings:

*Observers' Marks and Comments carried out during each Observation
Session in Glasgow Royal Infirmary*

Subject	Marks	Sub-headings for guidance in Marking and Comments
Ward Administration	20	(a) acting as ward sister's deputy (b) organisation of ward routine (c) delegation of duties to nursing staff (d) co-operation with medical, ancillary and domestic staff
Method and Technique	20	(a) standard of nurse's technique (b) method of planning own work (c) volume of work accomplished
Care of Patient	20	(a) use of time spent with patient (b) planning of patient's treatment
Supervision of Students	20	(a) use of time spent working with junior nurses (b) supervision and teaching of junior nurses (c) method of supervision or teaching
Team Leadership	20	(a) positive or negative (b) respect of nurse as team leader (c) self-discipline and control (d) leadership in emergencies
Total	100	

298. Finally, the Assessment Committee requested that during the observation sessions the ward sisters should absent themselves from their wards, so that the 'observee' would have a reasonable opportunity of controlling the ward situation, and demonstrating her supervisory and administrative abilities.

299. But despite every effort to make this particular aspect of the evaluation as objective as possible inevitable difficulties arose again in this field of

¹ Edinburgh Royal Infirmary and Western General Hospital, Edinburgh.

operational research; and these discrepancies will be fully noted in the following pages of this discussion. It was considered, however, that the necessity of attempting some assessment of this interne year heavily out-weighed any slight adaptations and variations which had to be made in the exact planning previously indicated.

300. Many of the problems which arose in connection with this procedure were inevitable, and had to be circumvented on their own merits as the need arose. One such difficulty was that due to work load and staff changes it was necessary to change some of the observers during this period. The external observers were reasonably constant over the first two years, as only five different nurses participated in the six sessions. Two of them came on all five occasions from the Royal Infirmary, Edinburgh, and two from Western General Hospital, Edinburgh. In the third and last year, however, the continuity was broken, as one of the members of the group had left her hospital to participate in further post-graduate education, and on another occasion illness prevented two of the observers from participating in the second session. These developments, therefore, made inevitable the introduction of four new external observers.

301. The internal observers numbered nine altogether over the three years. Again such changes in personnel were more frequent than was desirable, but could not be prevented on account of changes in senior members of the nursing staff in Glasgow Royal Infirmary over this period. The internal observers, however, remained quite constant after the first year of observation, and very few changes were made in this later phase. Although such alterations in personnel must have affected the marks awarded to the 'observees', it should be remembered that on all occasions the external and internal observers marked an equal number of nurses from the alternative and control groups, so that any variation in the level would affect both groups equally.

302. It must also be mentioned that inevitably many of the alternative and control nurses observed were known to the internal observers; and on a few occasions the external observers also came to know to which group the 'observee' belonged. Slight variations in their style of uniform during this year also make recognition easier, so that the observers had to accept the additional responsibility of being as impartial as possible under the circumstances.

303. Another inconsistency arose in connection with the composition of the nurses in the control group. It soon became apparent that it would be impossible to include many of the official control nurses in this aspect of evaluation, as the regular nurses tend to leave Glasgow Royal Infirmary very shortly after registration, and so the number of nurses available to form a control group became steadily fewer as the year progressed. In December 1958, for the first observation there were 20 established control nurses still available and 4 co-opted control nurses, who had been deferred to the February 1959 examination on account of sickness. In March 1959 there were only 7 established control nurses, the other 21 of them being more junior staff nurses who had just passed the Final State Examination in February. By August 1959 all the control had to be co-opted as only half of them had qualified in June, and it was necessary to make up the number with nurses who had still to take their Final State Examination in October 1959. A similar problem has also arisen in connection with the establishment of control groups for assessment with the second and third groups of internes, and nurses of comparable seniority to the first control

group have been co-opted on each occasion. Not only, therefore, was there this variation in the experience of the controls, but there could be no continuity in reviewing the progress of individual nurses, as there was in the case of the alternative group.

304. A further difficulty was that invariably, during each observation session, it proved impossible to mark every nurse under each heading specified. On some occasions the presence of the ward sister made the assessment of 'ward administration' and 'team leadership' very difficult; sometimes nurses were observed working in theatres where they had no direct access to patients, or in the casualty or 'gate' department. Marks awarded to the 'observees' have only been regarded as valid and included in the following tables when both the external and internal observers considered that a mark could be legitimately awarded.

305. In the following analysis of the performance of the alternative and control nurses the tables of the observers' marks will be presented and discussed separately for each of the three years; and this will be followed by a summary of the observers' remarks and comments, indicating the reasons for the actual marks awarded. Finally, from the evidence available some attempt will be made to rationalise these findings.

THE FIRST INTERNE YEAR

306. The following tables, Nos. 61, 62 and 63, indicate the considerable difference in the level of performance achieved by the first group of alternative and control nurses.

The Performance of the First Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 61 The December 1958, Ward Observation

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	11.7±3.7	±0.9	16	14.8±2.7	±0.6	20
	Internal	12.0±3.1	±0.8	16	14.3±3.3	±0.7	20
Method and Technique	External	13.5±3.5	±0.7	24	15.6±2.7	±0.6	24
	Internal	12.6±2.8	±0.6	24	15.1±3.0	±0.6	24
Care of Patients	External	13.5±4.3	±0.4	23	15.7±2.6	±0.5	22
	Internal	12.6±3.3	±0.7	23	15.5±2.7	±0.6	22
Supervision Students	External	11.2±4.8	±1.2	17	13.9±2.9	±0.7	19
	Internal	9.1±3.9	±0.9	17	12.6±2.8	±0.7	19
Team Leadership	External	11.6±4.4	±1.1	19	14.9±2.9	±0.6	22
	Internal	10.1±4.6	±1.1	19	14.4±3.2	±0.7	22

The Performance of the First Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 62

The March, 1959, Ward Observation

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	12.5 \pm 3.1	\pm 0.7	21	16.2 \pm 1.7	\pm 0.4	22
	Internal	13.1 \pm 3.9	\pm 0.9	21	14.9 \pm 3.9	\pm 0.8	22
Method and Technique	External	12.0 \pm 4.2	\pm 0.9	23	15.4 \pm 2.4	\pm 0.5	23
	Internal	12.8 \pm 4.1	\pm 0.8	23	15.1 \pm 2.0	\pm 0.4	23
Care of Patients	External	11.7 \pm 4.3	\pm 0.9	22	15.7 \pm 2.4	\pm 0.5	22
	Internal	12.6 \pm 4.2	\pm 0.9	22	15.1 \pm 2.0	\pm 0.4	22
Supervision of Students	External	8.7 \pm 5.9	\pm 1.3	20	13.6 \pm 4.0	\pm 0.9	19
	Internal	9.1 \pm 5.7	\pm 1.3	20	13.6 \pm 3.9	\pm 0.9	19
Team Leadership	External	10.7 \pm 4.8	\pm 1.0	22	16.0 \pm 2.4	\pm 0.6	18
	Internal	12.4 \pm 4.0	\pm 0.8	22	15.4 \pm 2.8	\pm 0.6	18

The Performance of the First Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 63

The August, 1959, Ward Observation

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	12.6 \pm 5.1	\pm 1.1	23	14.4 \pm 3.0	\pm 0.6	23
	Internal	12.3 \pm 4.5	\pm 0.9	23	13.9 \pm 2.8	\pm 0.6	23
Method and Technique	External	12.4 \pm 4.7	\pm 0.9	24	14.8 \pm 2.5	\pm 0.5	24
	Internal	10.8 \pm 4.0	\pm 0.8	24	13.5 \pm 2.3	\pm 0.4	24
Care of Patients	External	13.1 \pm 3.9	\pm 0.8	24	14.4 \pm 2.1	\pm 0.4	24
	Internal	11.3 \pm 4.4	\pm 0.9	24	14.2 \pm 2.0	\pm 0.4	24
Supervision of Students	External	11.4 \pm 5.7	\pm 1.2	24	12.2 \pm 3.5	\pm 0.8	20
	Internal	8.3 \pm 4.5	\pm 0.9	24	10.8 \pm 3.3	\pm 0.7	20
Team Leadership	External	12.5 \pm 5.4	\pm 1.1	24	14.5 \pm 3.1	\pm 0.7	23
	Internal	10.8 \pm 4.2	\pm 0.8	24	13.9 \pm 2.4	\pm 0.5	23

307. It is immediately apparent from these tables that throughout the year, under every heading, the standard achieved by the alternative nurses has been less satisfactory than that of the controls. The difference was in fact great enough to make it statistically significant at the $p=0.05$ level throughout the first two sessions of observation for both groups of observers, with the exception of the internal observers whose marking of 'ward administration' in the March session did not quite reach the level of technical significance in favour of the controls. During the August observation, however, although the control performance was still superior to the alternatives it was not significantly different according to the external observers. The internal observers' marks, however,

still indicated the same wide variation in the two groups of nurses. It has already been noted that there was greater stability in the external observer team during this year, so that it is possible that the improvement in the alternative standard recorded by the external observers at this time may be regarded as the more reliable evidence.

308. Another factor which should be remembered is that the control group of nurses, as already mentioned, actually became more junior as the year progressed. Therefore by the end of the year the two groups had been nursing for approximately the same length of time.

309. In any case, whatever interpretation is placed upon these figures they are undoubtedly indicative of a reversal in the standard of performance between the alternative and control groups of nurses compared with the student phase, when the former group had always equalled and frequently exceeded the latter. The following synthesis of the many comments made by the observers during these sessions reveal some of the difficulties which faced the alternative group of nurses in this interne year in the various aspects of their work.

310. The main comments made by the observers on 'ward administration' indicated several noticeable defects in the alternative group. These included a lack of ability to delegate tasks to junior student nurses, sometimes to the extent of the ward, in sister's absence, being unobtrusively organised by the junior nurses. This difficulty arose also in connection with the domestic staff, and quite frequently the lack of confidence of this group in approaching such personnel was very evident. Another point made persistently was that they found considerable difficulty in planning ward routine, and particularly in improvising to meet an emergency or sudden influx of patients. Lastly, under this heading many comments were made about the lack of initiative shown by these alternative nurses when they were left, as they mostly were during these observation sessions, to organise ward routine in the absence of the ward sister. The gap in performance under this heading had, however, considerably narrowed according to the external observers between March and August 1959, and there was no doubt from the comments made then that greater assurance and confidence was being displayed by all but about 25 per cent. of these nurses by the end of the interne year.

311. The tables show rather less fluctuation in the performance of the alternative nurses under the second heading, 'method and technique', although again at the end of the third year they showed a marked improvement over the beginning, in the opinion of the external observers only. The criticisms of this aspect of their duties can be summarised under three points. Firstly, that certain treatments, such as patients' dressings involving the practice of aseptic technique were faultily executed. The administration of medicines and the taking of temperature, pulse and respirations were also criticised as being carelessly and perfunctorily performed, and the treatment of pressure areas also came in for adverse comment in these same terms. Secondly, it was noted quite often that the method of preparing equipment, as well as an extravagant use of materials, lacked planning and detracted from the smooth operation of the technique. Lastly, there was an obvious slowness in the work of quite a number of the alternative nurses, and the volume of work performed—though this is not necessarily a criterion of good nursing—was not impressive.

312. The impression given to the observers was that the alternative nurses were generally thoughtful about and interested in their patients, but again some of them were in difficulty because they lacked confidence in planning for

and making direct contact with them. This made itself apparent in an attitude of aloofness and off-handness at times towards the patients, although the observers nearly always ascribed this to lack of confidence rather than to disinterest. Another trait which was commented upon under this heading was their lack of ability to understand on some occasions the additional observation and care required by the seriously ill patients. There was a tendency to give equal attention to all patients, irrespective of whether they were unconscious, receiving some type of intravenous transfusion, or convalescent. Again, the observers indicated that such thoughtlessness sprang from lack of experience rather than any neglect of duty.

313. The supervision of students is never an easy role for the ex-student to carry out, and again most of the criticisms raised against the alternative nurses could be traced to their own sense of insecurity and lack of confidence. It was noted that they often lacked that essential ability to organise themselves in the first place which is the *sine qua non* of authoritative delegation. Delegation was thus often spasmodic and instructions not precise; above all they tended, especially in March, where the discrepancy in their performance was very noticeable, to run around performing themselves tasks they had previously left to others. By August 1959, however, both internal and external observers agreed that the alternatives had improved in this respect, and some attempt was being made by quite a number of these nurses to supervise junior colleagues.

314. The assessment of such a quality as 'team leadership' was less easy for the observers and left more scope for their own subjective inclinations, especially as they hardly ever witnessed any emergencies which would have revealed latent leadership qualities in either alternative or control nurses. Nevertheless, to the experienced eye, there emerged quickly a sense of leadership and guidance of the team, if indeed the person placed in command had that quality. But it was again apparent that this attribute seemed to be more evident amongst the control rather than the alternative nurses. The difference in marks was especially noticeable in March. Once again in August, according to the external observers, the gap had narrowed, a promising sign for the progress of the alternative group.

315. It is only fair to mention that similar disabilities and inefficiencies to the ones discussed above were noticed amongst the control nurses also on every occasion. They were in no way the prerogative of the alternative group, but the essential difference was that, as the marks indicate, they were more apparent and occurred more frequently amongst the alternative nurses.

316. Having looked briefly at the comments made by the observers it is important to attempt an explanation of the poorer performance of the alternative nurses. This interne year, as everyone agreed, was an important test of the experimental course, when any difference due to the altered method of training would become apparent. The alternative nurses had shown that as students they could perform at least as well and frequently better than the control group in both theoretical and practical situations, and yet during this interne year their performance was undoubtedly less impressive. There are probably two good reasons for this finding.

317. In the first place, the abrupt change in status and responsibility which came to these alternative nurses at the beginning of this interne year must have affected all aspects of their work. For two years as students they had been in a sheltered position, working only a forty-hour week, and doing only about five weeks' night duty during this time. But suddenly in the third year all the

protective mechanisms had been removed, and the alternative nurses found themselves in positions of considerable responsibility in the ward team. It will be remembered that even in their sixth term these nurses had been working in quite junior positions on the ward, and that they had never as students been left in charge of a ward on night duty, which so often develops confidence and preparedness for the staff nurse role. Indeed one of the main purposes of this experiment has been to avoid the assumption of too much responsibility by the alternative students, so it is equally not surprising that their acclimatisation to a new, senior position should take a considerable time during the interne year.

318. After completion of the Final State Examination the alternative nurses were all working on the wards of Glasgow Royal Infirmary as acting staff nurses or 'junior-senior' nurses, and it was obvious from the comments of the ward sisters and these nurses themselves that they had a great deal to learn about the routine of ward administration, even in its simplest form.¹ Many of these new duties which were puzzling to them were already quite familiar to the regular staff nurses in their fourth year, and undoubtedly the alternative nurses were extremely preoccupied by them.

319. It is probable that this situation had a direct effect upon the way in which the alternative nurses approached all aspects of their work, and that the apparent deterioration in their standards of nursing techniques and patient care during this year was attributable to this factor. In any case, they had less opportunity of practising their skills and procedures than the control staff nurses, so that they were certainly in the earlier part of the year at a considerable disadvantage in a number of ways. This assumption is borne out by the observers who all commented repeatedly that the alternative nurses who strove to plan the ward administration and routine tended to lose some precision and attention to detailed nursing care, whilst others obviously did not really attempt to control the ward because they were pre-occupied with the carrying out of procedures themselves. It seemed as though they had considerable difficulty in striking a balance between these two different functions.

320. From the tables at the beginning of this section it is also apparent that there was still a considerable gap in the alternative nurses' performance at the end of their third year, even in the opinion of the external observers. But this does not mean that at some later point the alternative nurses may not equal or even surpass the comparable controls, though there was nothing that could be done to assess this point. As Tables Nos. 76 and 77 indicate all the alternative nurses left the hospital within a few months of completing their third year, so that further observation was impossible.² It may be that the additional supervision given to these alternative nurses throughout their first two years by the clinical instructors had restricted them in certain respects, and that the price to be paid for this new technique would be a much longer period of adjustment in order to attain the fuller maturity demonstrated by the regular three-year nurses.

321. There is, however, a second factor which may also explain to a considerable degree the rather disappointing performance of these alternative nurses. They were, after all, the first interne group, and inevitably there were special difficulties for themselves as well as for those with whom they were working at this time. There was no precedent for this particular nursing group

¹ For further details of these opinions see Chapter XIV, pp. 126-128.

² For Tables Nos. 76 and 77 see Chapter XIII—Follow-Up Study.

in the annals of British nursing, and it was difficult for anyone to know what to expect of such a group who had passed their Final State Examination at the end of two years.

322. Not unnaturally, the first group of alternative nurses were at a special disadvantage as they worked their way through this year. Some adjustment of attitude and expectation was as much required of the nursing administrators and ward sisters as of themselves. Moreover, as noted before, this experimental group were working in a hospital where the regular trainees were qualifying three times a year, and for a few months after completing registration they too had to get experience as staff nurses on the wards. The administrative problems of arranging satisfactory assignments for both the alternative and regular nurses who had passed their Final State Examination, were, therefore, considerable.

323. The Steering Committee had laid down in its objectives that these alternative nurses should rank as acting staff nurses in this interne year, but the difficulties of implementing this recommendation for the first group is illustrated in Table No. 64, which shows the different status and position held by them at the time of the three observation sessions.

Status of First Group of Alternative Nurses on their Wards at time of Observation Sessions

TABLE 64

Status of Alternative Nurses	December 1958	March 1959	August 1959
Number of acting staff nurses .	14	10	12
Number of junior-senior nurses on general wards	9	7	8
Number of junior-senior nurses on specialty wards	1	7	3
Number of nurses working outside Glasgow Royal Infirmary	—	—	1

324. In fact at the end of the interne year there were as many of the alternative nurses who were not acting staff nurses as there had been at the beginning. This arrangement is partially explained by the fact that some of the wards in Glasgow Royal Infirmary are specialised departments, such as the burns and plastic surgery unit and the urological wards, where it is necessary for an experienced staff nurse to act as the ward sister's deputy. On such units, it was, of course, unfair to appoint an interne nurse to such a position, and this also added to the problem of placement.

325. Nevertheless, it has to be admitted that the impression gained from a study of Table No. 64 is one of lack of planning of this part of the experimental course, both as regards status and the acquisition of specialised experience. It is inevitable that such uncertainty as to their position on the wards must to some extent have deprived the alternative nurses of confidence and affected their morale. Some of these interne nurses spent most of the year as acting staff nurses, whilst others hardly achieved this rank, or were even demoted as the year progressed. There may have been some purpose behind this method of allocating responsibilities, but there was no evidence from the data available of any correlation between personal ability of the individual alternative nurse and ward rank during this year.

326. It can also be seen from this last table that only one alternative nurse was working in an outside hospital during the last observation session. This nurse had requested to spend her last six months in the paediatric hospital,

and arrangements were made to assess her work in that hospital. It is thus interesting to note that twenty-three out of the twenty-four alternative nurses chose to spend their whole interne year in the parent hospital. The fact that they did so certainly facilitated the planning of the last observation session in August 1959, which seemed essential to the Assessment Committee in view of the earlier findings from the February-March session.

327. Although on reflection the somewhat disappointing performance of the alternative nurses during this interne year was not surprising, the Committee took the precaution of mentioning the results of their investigations at an early moment to the Steering Committee responsible for the experimental course. In July 1959 the Chairman of the Assessment Committee met the Steering Committee to pass on these findings, and in addition made the recommendation that it would probably be advisable to persuade the future groups of interne nurses to spend their whole third year in the parent hospital rather than exercise their prerogative of working elsewhere in the last six months.

THE SECOND INTERNE YEAR

328. The results of the first year's observation programme reversed any doubts there might have been as to the necessity of carrying on with this fairly elaborate procedure, which demanded not only special organisation within Glasgow Royal Infirmary, but also considerable time and interest on the part of both sets of observers. Arrangements were accordingly made to carry on with these periodic observations and, as already noted, a further three sessions took place during this year, the second and third of them coinciding almost exactly with the timing of similar first-year sessions. It was only possible to arrange an abbreviated one-week observation session at the beginning of this second year in November 1959, when one external and one internal observer together assessed one half of the alternative nurses. This divergence need not, however, be viewed too seriously, since the more continuous presence of the ward sister during this early part of the interne year made effective observation difficult in any case. In order to get some idea of the comparative level of the alternative nurses at this point the marks achieved by the control nurses in the December 1958 session have been used in Table No. 65.

*The Performance of the Second Group of Alternative and
Glasgow Royal Infirmary Control Nurses in the Ward
Observation Sessions*

TABLE 65

The November 1959, Ward Observation

Subject	Observers	Alternative Nurses		G.R.I. Control Nurses*		
		Average Score† (out of 20)	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Method and Technique	External	10.8	13	15.6±2.7	±0.6	24
	Internal	11.2	13	15.1±3.0	±0.6	22
Care of Patients	External	11.1	13	15.7±2.6	±0.5	22
	Internal	13.5	13	15.5±2.7	±0.6	22
Supervision of Students	External	7.4	8	13.9±2.9	±0.7	19
	Internal	5.1	8	12.6±2.8	±0.7	19

* Figures quoted in this column are those achieved by the control nurses in December 1958.

† Standard deviation and Standard Error of Mean have been omitted from this part of the table on account of the small number of alternative students participating in this observation.

329. Both the external and internal observers, who participated in this second year's observation, had all assisted in this procedure on at least two previous occasions, so that they were well acquainted with the project, and could now give a clear impression of a relatively good or bad performance of any nurses observed. Care was also taken to match the seniority of these second control groups with that of the first year's controls for the observation sessions. The three tables, Nos. 65, 66 and 67, indicate the ratings achieved by both groups of nurses during the second year's observations.

The Performance of the Second Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 66 *The February-March, 1960, Ward Observation*

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	13.4 \pm 3.3	\pm 0.7	20	14.6 \pm 2.7	\pm 0.7	19
	Internal	13.1 \pm 3.2	\pm 0.7	20	15.4 \pm 1.8	\pm 0.4	19
Method and Technique	External	12.4 \pm 4.3	\pm 0.9	23	14.2 \pm 2.2	\pm 0.5	20
	Internal	12.3 \pm 2.9	\pm 0.6	23	13.1 \pm 2.6	\pm 0.6	20
Care of Patients	External	13.6 \pm 3.6	\pm 0.8	19	14.1 \pm 3.2	\pm 0.7	21
	Internal	13.0 \pm 2.7	\pm 0.6	19	14.0 \pm 2.6	\pm 0.6	21
Supervision of Students	External	10.5 \pm 4.5	\pm 1.1	17	12.0 \pm 3.4	\pm 0.7	20
	Internal	11.3 \pm 2.6	\pm 0.6	17	12.1 \pm 2.3	\pm 0.5	20
Team Leadership	External	11.8 \pm 4.6	\pm 1.1	19	14.1 \pm 3.4	\pm 0.7	21
	Internal	12.7 \pm 3.0	\pm 0.7	19	14.8 \pm 2.0	\pm 0.4	21

The Performance of the Second Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 67 *The August, 1960, Ward Observation*

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	13.0 \pm 3.9	\pm 0.9	16	14.8 \pm 1.7	\pm 0.4	15
	Internal	12.2 \pm 2.8	\pm 0.7	16	14.4 \pm 2.5	\pm 0.6	15
Method and Technique	External	12.7 \pm 3.4	\pm 0.7	22	14.6 \pm 1.7	\pm 0.3	23
	Internal	12.1 \pm 2.7	\pm 0.6	22	12.9 \pm 3.2	\pm 0.7	23
Care of Patients	External	13.6 \pm 3.6	\pm 0.8	21	14.2 \pm 2.9	\pm 0.6	22
	Internal	12.3 \pm 2.8	\pm 0.6	21	13.1 \pm 3.1	\pm 0.7	22
Supervision of Students	External	11.1 \pm 3.8	\pm 0.9	17	12.8 \pm 2.1	\pm 0.5	15
	Internal	11.1 \pm 3.1	\pm 0.8	17	11.7 \pm 1.9	\pm 0.5	15
Team Leadership	External	12.6 \pm 3.5	\pm 0.8	18	13.7 \pm 2.4	\pm 0.6	17
	Internal	12.2 \pm 3.3	\pm 0.8	18	13.2 \pm 3.4	\pm 0.8	17

330. The second set of tables based on a further year's observation of the alternative nurses performance in the interne year illustrates a similar trend to

the first. In every one of the three sessions the alternative students' average marks are always less than those of the controls according to both the internal and external observers. There are, however, differences in the extent of this trend as between the first and second interne years which merit some closer consideration.

331. Table No. 65 indicates that during the November 1959 session the performance of the alternative nurses was even less satisfactory than it had been a year earlier; but it has already been suggested that it would not be wise to attach too much significance to this observation carried out in the face of several disadvantages. Firstly the results only related to one half of the alternative group who were observed during November 1959, the comparative control data being based on the December 1958 performance. Lastly, the ward sisters were so much in evidence during this early session that insufficient students could be rated under the headings of 'ward administration' and 'team leadership' for inclusion in the table. Nevertheless, it is clear from the evidence available that their performance was at this time significantly less satisfactory than that of the control staff nurses.

332. There is, however, a noticeable improvement in the standard of the alternative nurses during the second and third sessions carried out in February-March and August 1960, illustrated in Tables Nos. 66 and 67. The control nurses still achieve a higher mean under every heading of the observation but the discrepancy is generally less marked, and is only significant on one or two occasions. This analysis also shows that there is hardly any difference in the alternative nurses' performance as between the middle and end of this second interne year; except that under the heading of 'ward administration' they have not achieved quite such a good average in August. The control nurses too show little variation, except that in August their standard is slightly lower than it was in February-March, which is entirely understandable since they were a less senior group of staff nurses. In fact, as in the previous August, about one half of them still had to take their Final State Examination in October 1960.

333. The most surprising feature of this observation session is, however, that the alternative nurses having considerably improved their performance by the middle of this interne year have not further narrowed the gap by the end of it, especially when they are assessed with a more junior control group of nurses, most of them have only been nursing for a few months more than themselves. Before proceeding to discuss the rationale of this situation it is again of interest to note the comments made by the observers on the marks awarded during this second interne year.

334. In both February-March and August 1960, the comments of the observers were similar to those made in the preceding year, although rather more favourable to the alternative nurses than they had been previously. It was still apparent that the observers considered that a greater number of the control nurses were competent in all aspects of their work; but undoubtedly a higher percentage, at least one-third, of the alternative nurses were also included in this category, and only six out of the forty-eight of them observed on these two occasions were reckoned to be ineffectual and notably below the average ability of a staff nurse.

335. From the observers' comments two impressions emerge clearly about these last months of the second interne year. Firstly, that these alternative nurses showed greater aptitude and ability in delegating duties to junior colleagues than did their own predecessors a year earlier, and secondly a higher

percentage of them in this second year are able effectively to continue administrative and nursing duties without one or other function being submerged in the periodic rush of ward crises and pressure of events. Even so, as the marks indicate, the overall impression gained from these observation comments is slightly more favourable to the control nurses under every heading.

336. The noticeable improvement in the performance of the alternative nurses in this second interne year was not wholly fortuitous. There were two or three reasons to which these better results could be attributed. In the first place, this second group of alternative nurses had, for some reason, always appeared a better integrated and more relaxed group than the first intake. This could well be attributable to the fact that they were made less aware of their 'experimental' status, as tutors, instructors and all the nursing staff of the hospital were also more confident in directing them and understanding their requirements. A second positive factor during this year was the more precise planning of the alternative nurses' experience. From the beginning of this year arrangements were made to allocate these nurses to the wards in pairs in such a way that for the first few weeks after arrival each of them was usually working as the 'junior-senior', or third member of the nursing team, whilst her colleague who had been on the ward for a longer period was the acting staff nurse and ward sister's deputy. After undertaking this more senior role for six or eight weeks she was then made senior night nurse of the same ward for a further period of about six to eight weeks. There were inevitably exceptions to this plan, but on the whole it has been fairly rigidly adhered to, and may well have helped to give these nurses a greater sense of security and purpose in this year than their predecessors had experienced in the first interne year. Table No. 68, which may be compared with Table No. 64 earlier in this chapter, certainly indicates that this second group of alternative nurses had been given greater experience in a senior staff nurse role.

Status of Second Group of Alternative Nurses on their Wards at the time of Observation Sessions

TABLE 68

Status of Alternative Nurses	November 1959*	February-March 1960	August 1960
Number of acting staff nurses	3	12	18
Number of junior-senior nurses on general wards	10	9	1
Number of junior-senior nurses on specialty wards	1	5	4
Number of nurses working outside G.R.I.	—	—	3

* Only fourteen out of the twenty-six alternative nurses were observed on this occasion.

337. It was, therefore, disappointing to learn that by the end of the second interne year there was still a gap, though not a significant one, in the performance of the alternative and control nurses. The explanation of this lack of progress in these later months of this interne year might to some extent be attributed to the fact that a certain number of this second alternative group had spent varying lengths of time outside Glasgow Royal Infirmary during this period. Whereas only one nurse of the first intake had chosen to spend her second six months in the paediatric hospital, where she had been assessed in August 1959, no fewer than nine nurses of this second intake had spent several months outside Glasgow Royal Infirmary. Six of them had been in the Glasgow Eye Infirmary for three months from the seventh to the tenth month of the year, and the other three

nurses were all spending the last six months at the Glasgow Royal Mental Hospital, and were brought back to the Royal Infirmary for the last observation session in August 1960.¹

338. The fact that this greater number of the second group of nurses had decided to make use of their optional right to get additional experience outside Glasgow Royal Infirmary in this last half of the interne year cannot be definitely claimed to have affected the outcome of this last observation session; but it will be recalled that the Assessment Committee had recommended to the Steering Committee the previous July that it would be advisable for the alternative nurses to remain in the parent hospital throughout the third year. Even although their performance at the end of the second year was undoubtedly nearer the control level than at the end of the first, it was still evident that many of them needed more experience in the wards of the parent hospital before they were ready to specialise as post-registration students.

339. The conclusion has reluctantly to be reached once again that in some way the performance of these alternative nurses in this interne year has fallen below expectation: on the other hand, there was a considerable improvement in the performance of this second alternative group, who showed signs of responding to a greater understanding of their special needs at this stage of their course.

THE THIRD INTERNE YEAR

340. The method of conducting these observation sessions for the third group of alternative and control nurses in Glasgow Royal Infirmary has been continued along the same lines as in the two previous years; and the only minor modifications made have been necessitated by changes in the personnel of observers or the availability of the nurses themselves.

341. As in the second interne year it was decided that only one week of observation should be carried out in November 1960, but on this occasion it was possible to observe control as well as alternative nurses, eleven members of each group being selected by availability on this occasion. The control groups throughout the year were almost identical in seniority with the two earlier years, except for the last session in August 1961, when they were slightly junior, as only five of them had qualified in June 1961, the other seventeen still having to take their Final State Examination in October 1961. Quite a number of this last group of control nurses had to be brought from their final study block to participate in these sessions, so that some of them inevitably arrived on somewhat strange wards. This arrangement could not be avoided, but was not very advantageous to the nurses concerned when compared with the internes, nearly all of whom were really familiar with the wards on which they were assessed at this time.

342. An unfortunate development in this last year was that there were unavoidable changes in the external observer teams. As already indicated earlier in this chapter sickness and staff changes were responsible for these alterations. But with the exception of one variation in the last session the internal observer team was exactly the same as in the second year.

343. There was, however, one change in the arrangements which made the task of the observers somewhat easier in this year. The Steering Committee

¹ The decision to bring them back to the parent hospital for assessment was made for various reasons, but it may have been difficult for these three nurses in question to settle to their new assignment before being assessed, although there is no indication of this in the marks or comments of the observers.

had now advised all the alternative nurses that they should spend the whole of their third year in the parent hospital. This alteration made it possible for the assessors to undertake a more satisfactory measurement of their progress throughout the course of the year.

344. The method of analysis is the same as for the previous years, and the marks awarded to the alternative and control students during the three observation sessions are presented in the following tables, Nos. 69, 70 and 71. It will be noted that once again it was impossible for the observers to award valid marks on all occasions either because of the specialisation of the department concerned, such as an operating theatre, or because it was impossible for the ward sisters to absent themselves during the session.

The Performance of the Third Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 69

The November, 1960, Observation

Subject	Observers	Alternative Nurses		G.R.I. Control Nurses	
		Average Score (out of 20)	No. Marked	Average Score (out of 20)	No. Marked
Ward Administration	External	15.3±1.6	8	15.5±1.3	8
	Internal	15.1±1.6	8	13.4±2.6	8
Method and Technique	External	13.1±3.5	11	13.8±2.4	10
	Internal	13.1±2.9	11	13.5±2.9	10
Care of Patients	External	14.0±3.1	11	14.0±2.5	10
	Internal	14.1±2.9	11	12.4±3.7	10
Supervision of Students	External	13.5±1.9	6	14.0±2.8	6
	Internal	11.6±0.5	6	11.3±3.7	6
Team Leadership	External	14.4±1.7	8	15.2±2.8	6
	Internal	13.9±2.7	8	12.3±2.9	6

G.R.I. refers to Glasgow Royal Infirmary.

The Performance of the Third Group of Alternative and Glasgow Royal Infirmary Control Nurses in the Ward Observation Sessions

TABLE 70

The February-March, 1961, Observation

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	11.9±3.4	±0.9	16	13.4±2.8	±0.6	20
	Internal	11.3±3.6	±0.9	16	13.7±2.9	±0.7	20
Method and Technique	External	11.1±3.5	±0.8	21	13.4±2.7	±0.6	21
	Internal	12.0±3.4	±0.7	21	13.8±2.5	±0.5	21
Care of Patients	External	12.5±3.9	±0.9	20	14.5±2.6	±0.6	19
	Internal	11.8±2.6	±0.6	20	13.9±1.9	±0.5	19
Supervision of Students	External	8.6±4.6	±1.3	13	11.3±3.9	±0.9	19
	Internal	10.4±3.2	±0.9	13	12.5±2.3	±0.5	19
Team Leadership	External	10.7±3.6	±0.8	19	13.4±3.0	±0.7	19
	Internal	11.6±4.0	±1.0	19	14.0±2.4	±0.5	19

G.R.I. refers to Glasgow Royal Infirmary.

TABLE 71

The August, 1961, Observation

Subject	Observers	Alternative Nurses			G.R.I. Control Nurses		
		Average Score (out of 20)	S.E.	No. Marked	Average Score (out of 20)	S.E.	No. Marked
Ward Administration	External	14.3±2.5	±0.6	17	12.5±3.9	±1.1	13
	Internal	13.0±3.2	±0.8	17	13.5±2.4	±0.7	13
Method and Technique	External	11.7±4.0	±0.9	20	13.1±3.2	±0.8	18
	Internal	13.2±2.7	±0.6	20	13.7±1.6	±0.4	18
Care of Patients	External	12.3±4.3	±1.0	20	12.2±3.3	±0.8	18
	Internal	13.0±3.1	±0.7	20	13.6±1.4	±0.3	18
Supervision of Students	External	11.8±3.0	±0.8	16	10.8±3.2	—	9
	Internal	11.6±3.6	±0.9	16	11.2±2.1	—	9
Team Leadership	External	12.1±3.9	±0.9	18	12.7±2.8	±0.8	13
	Internal	13.1±3.2	±0.8	18	13.5±2.4	±0.7	13

G.R.I. refers to Glasgow Royal Infirmary.

345. It will be seen from these tables that the general trend is similar to that of the previous two years in so far as the alternative nurses' performance never exceeds that of the controls; but there are also slight variations of the pattern apparent during this last year. One such change is the better standard achieved by the alternative nurses in the November 1960 observation compared with the two previous years. The alternative nurses achieved almost the same average rating as the controls, and on no occasion was the performance of the controls significantly better than the alternatives. Unfortunately, it has to be recalled that this particular observation only included half the total alternative and control groups, so that little importance can be attached to these findings. Nevertheless, it would appear that at least certain members of this last group of internes had become accimatised to their new role more speedily than in earlier years.

346. The second observation session carried out in February-March 1961 once again illustrated a consistently better standard of performance by the controls in the estimation of both internal and external observers under every heading. Six out of ten of the control averages were significantly better than the alternative averages, and the four others were nearly so. But in the last session in August 1961 the alternatives almost matched the control nurses' performance for the first time in the three years of observation, and under one or two headings even exceeded it. None of these small variations in averages between the two groups were significant on this occasion. The external observers awarded slightly better marks to the alternative nurses than the internal observers which had happened on several previous observations; but on this occasion there was a new observer in each team so that it was not possible to regard one set of marks as more consistent than the other. Another factor which has to be recalled is that this last group of control nurses were slightly more junior than they had been in the previous August and considerably more so than the control established for the February-March 1961 observation, which almost certainly accounts for the lower averages achieved by them in this session.

347. The comments of the observers were again similar to those made by them in earlier years; but on the whole their criticisms were fairly evenly distributed between the interne and control nurses as the closer markings would indicate. It is worthwhile noting, however, that these sessions still brought forward certain adverse comments more frequently on the alternative than the control performance. It was still evident that a number of the alternative nurses in the first part of the year had the same orientation problems as their predecessors in that they found difficulty in assessing nursing priorities correctly. As before they tended to spend their time with the less rather than the more seriously ill patients. It is also clear from the observers' comments that the control nurses more often developed a positive leadership role in the ward team. The alternative standard of nursing care and technique was once more subject to adverse comment on many occasions, especially earlier in the year. To be specific their execution of aseptic technique, administration of medicines and injections, taking of temperatures and bed-making were mentioned as being carelessly performed rather more frequently than the controls. By the end of the year, however, these criticisms of the alternative group had greatly decreased. Nearly three-quarters of the twenty internes observed in August 1961 were showing every sign of working competently at the acting staff nurse level, and as the marks indicate their understanding of ward administration, supervision of students and team leadership were all much improved compared with their previous ratings in the February-March observations. It is, however, worthy of comment that the weaknesses noted by the observers in this last group of alternatives, although modified both in frequency and extent, were exactly the same as those remarked upon in both the previous years.

348. The most interesting finding of this third interne year was undoubtedly that by the end of it the alternatives' performance was more or less equal to that of the controls. At no other time, with the exception of the November 1960 observation, which must be treated with caution, had this similarity between the two groups been so apparent, and it is worth considering how far this development was fortuitous or could be regarded as legitimate improvement in the alternative standard.

349. The experience made available to this last group of internes was generally similar to that already outlined earlier in this chapter for the second group. That is, in the first weeks of the year they were working as senior nurses in the ward team rather than as acting staff nurses; and again during the first few months they all spent six to eight weeks on their own wards as the senior night nurse. Their exact deployment at the time of the observation sessions is indicated in the following Table No. 72, which may be compared with Tables Nos. 64 and 68.

TABLE 72

Status of Alternative Nurses	November 1960*	February- March 1960	August 1960
Number of acting staff nurses .	2	5	14
Number of junior-senior nurses on general wards	6	8	5
Number of junior-senior nurses on specialty wards	3	9	3
Number of nurses working out- side Glasgow Royal Infirmary	—	—	—

* Only eleven out of the twenty-two alternative nurses were observed on this occasion.

350. Again, as in the previous year, the number of internes who were acting staff nurses has increased notably in the later months of the year, but even at this time some of them were not working in this capacity. One of the problems already noted earlier, was the difficulty of giving staff nurse experience to all the regular nurses qualifying three times a year. Also quite a number of Glasgow Royal Infirmary trained nurses tend to return to the hospital as staff nurses after completing their midwifery course, and on account of their seniority must be the ward sister's deputy.

351. There was, however, one important difference between the organisation of the second and third interne years, and that was the Steering Committee's decision that this third group of alternative nurses should spend their whole year in the parent hospital rather than proceeding to other specialty hospitals in the last six months. It is possible, therefore, although there can be no proof, that the more gradual assumption of the acting staff nurse role, which had been continued from the second year, together with spending the whole interne year in the parent hospital, provided a more satisfactory type of experience for these interne nurses.

352. The general conclusion to be drawn from this third year of observation appears to be that although their performance was rather better than that of both the first and second interne groups, this last group had still fallen somewhat short of experimental expectations. Even although they had spent the whole year in the parent hospital, it was not until the end of it that they almost equalled the standard of the control group, most of whom were still to take their Final State Examination. It has to be admitted that the alternative nurses educated by this different method, however able theoretically, take the greater part of this year to become fully conversant with the responsibilities of a staff nurse, and that for most of them it is questionable how far they can be regarded as able to assume this position in the first six months of the interne year.

353. It would seem, therefore, that the achievement of the main objective relating to this phase of the experiment must be regarded as somewhat doubtful, since it has now been illustrated three times that it is not until towards the end of this year rather than at the beginning that the alternative nurse is really capable of assuming an acting staff nurse role. The objective, as it stands, of achieving acting staff nurse status in the first six months would appear to be more attainable in the second six months, the first half of the year being a period in which the new interne requires more specific and gradual introduction into her senior and integral position in the ward team. The use of a period of night duty at this time, as attempted with the second and third groups, is one good way of developing her personal confidence and awareness of administrative responsibilities.

354. The second objective which to some extent can be related to the achievements of the interne year is the intention of making more trained personnel available to the hospital service as a result of the experiment. At least a warning note must be sounded here that it does not appear likely that the interne nurses can be regarded as able to replace trained personnel on the wards until the later months of the year. Any permanent increase in the number of trained nurses as a result of the experiment would, therefore, have to be reckoned almost entirely after the completion of the interne year.

THE PERFORMANCE OF THE INTERNE NURSES RELATED TO THEIR EDUCATIONAL AND INTELLECTUAL CHARACTERISTICS

355. In this discussion of the performance of the alternative nurses in the interne year no reference has so far been made to the relationship between their individual abilities and the marks they have achieved; but for various reasons this aspect of analysis is not likely to be as useful as it has been in the earlier discussions on the examination and test achievements in Chapters VIII, IX and X. In the first place it is not possible to compare this aspect of the performance of the alternative and control groups, since the latter, as already indicated, varied considerably from one observation to another and only a few of them in the earlier parts of the year belonged to the original control groups. Secondly, it has also been noted that there was no specific policy controlling the promotion and seniority of the alternative nurses as the year proceeded, so that on certain occasions some of them had achieved a greater confidence and status on the wards than others. Moreover, this development was also affected to some extent by the type of ward or department, general or specialty, in which the nurse was working.

356. Bearing in mind these obvious irregularities the three following tables indicate the extent to which educational and intellectual characteristics have affected the performance of the alternative nurses during the interne year. The same classification of ability has been used as in the analysis of the General Nursing Council, multiple choice and ward practical tests.

357. The mean scores recorded in these tables have been compiled from the total marks awarded to each student observed by the external and internal observers under the five headings listed in the previous tables in this chapter. The results have been presented in percentage form to allow for adjustment to be made for certain gaps in the marking which, as already indicated, occurred on various occasions when the observers were unable to award a valid rating under certain sections.

The Performance of the Alternative Nurses in the First Interne Year in terms of Educational and Intellectual Standards

TABLE 73

Educational and Intelligence Standard	December 1958		March 1959		August 1959	
	Mean Score %	No. in Group	Mean Score %	No. in Group	Mean Score %	No. in Group
2 or more academic highs in school leaving certificate .	61.5	9	51.7	8	56.3	9
Less than 2 academic highs .	60.0	14	61.3	14	58.0	14
No school leaving certificate .	71.0	1	76.5	1	77.5	1
Intelligence score—> 130 .	63.3	14	57.5	13	59.5	14
Intelligence score—< 130 .	58.8	10	57.1	10	56.2	10

*The Performance of the Alternative Nurses in the Second Interne Year
in terms of Educational and Intellectual Standards*

TABLE 74

Educational and Intelligence Standard	November 1959		February to March 1960		August 1960	
	Mean Score %	No. in Group	Mean Score %	No. in Group	Mean Score %	No. in Group
2 or more academic highers in school leaving certificate .	49.6	8	64.8	16	63.8	13
Less than 2 academic highers .	50.4	4	56.4	6	61.4	8
No school leaving certificate .	64.3	1	68.0	1	43.3	1
Intelligence score—> 130 .	50.9	11	63.2	19	63.4	17
Intelligence score—< 130 .	51.3	2	52.4	4	57.9	5

*The Performance of the Alternative Nurses in the Third Interne Year
in terms of Educational and Intellectual Standards*

TABLE 75

Educational and Intelligence Standard	November 1960		February to March 1961		August 1961	
	Mean Score %	No. in Group	Mean Score %	No. in Group	Mean Score %	No. in Group
2 or more academic highers in school leaving certificate .	65.6	7	56.1	13	59.1	14
Less than 2 academic highers .	67.6	4	61.6	7	71.7	5
No school leaving certificate .	—	—	65.0	1	58.7	1
Intelligence score—> 130 .	68.6	8	55.8	15	60.7	16
Intelligence score—< 130 .	67.4	3	64.8	6	68.0	4

358. The impression gained from these three tables is that on the whole there seems to be little relationship between educational and intellectual ability and the average score achieved by the various groups of nursing in their interne year. During the first two years the intelligence score is rather more reliable than educational level in this respect. In the last table, however, there appears to be some definite relationship between both factors and the rate of success achieved, which emerges unexpectedly in favour of the nurses in the second category who have the less outstanding school certificates or an intelligence score of less than 130. But the numbers in all the categories are small, and it would be unwise to make any definite prediction on such indefinite trends. All that may be suggested from these analyses is that intellectual and educational ability seem to be less important factors after the completion of the Final State Examination than before it. It is possible that the development of a sense of personal responsibility and maturity, which appeared to be retarded during the student phase of the course, proved more important qualities when they could be utilised by the alternative nurses in their interne year.

CHAPTER XIII

THE FOLLOW-UP STUDY

359. The need to measure the long-term success of this experiment was soon apparent to the Assessment Committee, as they developed the evaluation procedures. This present report must be principally concerned with the

assessment of the immediate outcome of the new course, but its ultimate value to the nursing profession will be judged in terms of the contribution made by the alternative nurses in the years to come in terms of the number of them who continue nursing and the type of posts they undertake.

360. It will be recalled that one of the specific objectives of the experiment was to augment the number of qualified nurses available to the profession, and in this chapter it will be possible to give some preliminary indication of how far this is being achieved. It is important to emphasise, however, that the final pronouncement on the success of this particular aspect of the experiment can only be completed after several more years have elapsed.

361. Arrangements for the development of a follow-up investigation were made once again with the co-operation of the Matrons of Glasgow Royal Infirmary and Edinburgh Royal Infirmary. They agreed with the Committee's request that all the alternative and control nurses, who completed their respective courses, should be given a 'follow-up' form to complete just before leaving their training school. This form was accompanied by a letter to each nurse asking her to co-operate in the follow-up study, which was to be maintained for five years after leaving the hospital. The form itself was quite short and easy to complete, and strict confidentiality of all information received was guaranteed.¹ It has to be stressed, however, that these nurses could only be asked to provide this information voluntarily; and the Committee are fully aware of the difficulties involved in keeping track of the movements of this highly mobile group of young women even for the five-year period as planned. So far this project has been supported very successfully by the nurses concerned, as the following tables presented in this chapter will illustrate. Only one or two of these control nurses have to date ignored this request for assistance.

362. The figures and data discussed in this chapter relate principally to the first and second groups of alternative and control nurses in this study. Some information is already available on the future occupations of the third group of alternative and control nurses, but at the time of writing this report quite a number of them have still some months to spend in their parent hospital.

363. The attainment of the experimental objective, to make available to the nursing profession a greater number of qualified nurses, can be assessed from two points of view. Firstly, how long did the nurses stay in their own hospital after completing their course, and secondly, what posts did they hold as qualified nurses, if and when they decided to leave their own training school?

364. Some idea of the variable length of time spent by these alternative and control nurses in their own hospital after taking their Final State Examination is illustrated in Tables Nos. 76 and 77. Two special points must, however, be noted in interpreting these figures. In the first place, it should be remembered that the alternatives had to give a whole year's service as interne nurses after passing the Final State Examination, if they wished to obtain full state registration under the terms of their contract. The control nurses, on the other hand, had no such compelling reason to stay after passing their Final State Examination.

365. The second point concerns only the Edinburgh Royal Infirmary control nurses. The tradition in this hospital has been and still largely persists that a nurse is not fully qualified until she has completed four years in her training school. She takes her finals at the completion of three years, and is expected to spend another year gaining experience as a qualified nurse before leaving.

¹ For details of Follow-Up Form see Appendix III.

Until recently students at this hospital actually signed a four-year contract. Only a few of the larger training schools in Scotland have ever adopted this policy, which is now practically extinct, and so the more customary pattern of departure after passing the Final State Examination is the Glasgow Royal Infirmary one.

*The Time at which the First Group of Alternative and Control Nurses
left their Training Schools after taking the
Final State Examination*

TABLE 76

Time of Leaving	Alternative Nurses		G.R.I. Combined Control Nurses		E.R.I. Combined Control Nurses	
	non-deferred	* deferred	non-deferred	* deferred	non-deferred	* deferred
Before taking F.S.E.	—	—	—	2†	1†	—
1-2 months after F.S.E.	—	—	21	2	5	1
3-4 months after F.S.E.	—	—	6	3	—	1
5-6 months after F.S.E.	—	—	3	4	—	3
7-9 months after F.S.E.	—	—	3	—	—	1
10-12 months after F.S.E.	11	—	1	—	30	2
13-15 months after F.S.E.	9†	—	—	—	2	—
16-18 months after F.S.E.	4†	—	—	—	—	—
19-24 months after F.S.E.	—	—	1	—	—	—
Total Nurses in group	24	—	35	11	38	8

* Deferred nurses are those who have passed their Final State Examination at a later date on account of sickness or because they have failed the examination in the first instance.

† These nurses had completed their full three-year student course before leaving.

‡ Some of these nurses who stayed more than twelve months after taking their Final State Examination had to do so in order to make up sickness absence according to the terms of their contract.

*The Time at which the Second Group of Alternative and Control Nurses
left their Training School after taking the
Final State Examination*

TABLE 77

Time of Leaving	Alternative Nurses		G.R.I. Combined Control Nurses		E.R.I. Combined Control Nurses	
	non-deferred	* deferred	non-deferred	* deferred	non-deferred	* deferred
Before taking F.S.E.	—	—	1†	—	—	—
1-2 months after F.S.E.	—	—	16	1	4	3
3-4 months after F.S.E.	—	—	2	—	—	—
5-6 months after F.S.E.	—	—	2	3	—	1
7-9 months after F.S.E.	—	—	4	—	7	1
10-12 months after F.S.E.	14	—	1	1	24	1
13-15 months after F.S.E.	5†	—	—	1	8	1
16-18 months after F.S.E.	5†	—	—	—	—	—
19-29 months after F.S.E.	2†	—	3	1	—	1
Not yet known	—	—	—	—	1	1
Total Nurses in group	26	—	29	7	44	9

* Deferred nurses are those who have passed their Final State Examination at a later date on account of sickness or because they have failed the examination in the first instance.

† This nurse had completed her full three-year student course before leaving.

‡ Some of these nurses who stayed more than twelve months after taking their Final State Examination had to do so in order to make up sickness absence according to the terms of their contract.

366. Both these tables illustrate that the experimental course made available a greater supply of nurses who had completed their Final State Examination; although they equally show that neither group of alternatives have stayed longer

in their parent hospital than the Glasgow Royal Infirmary controls after completing their three-year course. It must also be remembered that this additional supply of alternative nurses will only be available to the hospital service so long as this third year remains a compulsory part of the new course. If it were not obligatory, it is doubtful whether these alternative nurses, under present circumstances, would feel disposed to work for a longer period in their parent hospital than the controls do now.

367. From information already available on the third Glasgow Royal Infirmary control group it appears that the same pattern of departure is taking place. More than 50 per cent. of this group had left by the end of 1960, three months after passing their Final State Examinations. Similarly, the third Edinburgh Royal Infirmary control group have nearly all completed the fourth year again before leaving, but the atypicality of this pattern in Scottish hospitals has already been explained. In the course of recent discussions all the third group of alternative nurses, with one exception, stated their intention of leaving Glasgow Royal Infirmary before the end of 1961; that is within three months of completing their interne year. Only one member of the group plans to stay on voluntarily until March 1962.

368. The next two tables, Nos. 78 and 79, indicate the type of work or further training undertaken by the first and second groups of alternative and control nurses after leaving their training school.

*Type of Post or Occupation chosen by First Group of
Alternative and Control Nurses after leaving their
Training School*

TABLE 78

Type of Post or Occupation		Alternative Nurses	G.R.I. Combined Control Nurses	E.R.I. Combined Control Nurses
Post graduate training courses	Midwifery	20	35	30
	Psychiatric nursing	1	1	—
	Missionary course	1	—	—
Other Nursing Posts	Hospital staff nurse	1	4*	5*
	Outside hospital	—	1	1
	Non-nursing posts	—	1	1
	Marriage	1	4	5
	Unknown	—	—	4
Total Number of Nurses		24	46	46

* One or two of these control nurses first of all took posts as staff nurses in their own training school after completion of their respective contracts.

369. The most noticeable feature revealed by these tables is the similarity of the employment undertaken by the alternative and control nurses. The majority of them in both groups have immediately taken the post-basic course in midwifery, some of them intending to take the complete course, whilst others are interested in the first part only. There are only five nurses out of the two hundred and thirty-one concerned who are known to have undertaken some different type of course, but it is worth noting that four out of the five were alternative nurses. Marriage and posts in general hospitals as whole or part-

time staff nurses have accounted for a few more of the nurses in both the alternative and control groups.

*Type of Post or Occupation chosen by Second Group of
Alternative and Control Nurses after leaving their
Training Schools*

TABLE 79

Type of Post or Occupation		Alternative Nurses	G.R.I. Combined Control Nurses	E.R.I. Combined Control Nurses
Post graduate training courses	Midwifery	16	20	32
	Ophthalmic	1	—	—
	Social Studies	1	—	—
Other Nursing Posts	Hospital staff nurse	5*	7	6
	Outside hospital	1	1	—
	Non-nursing posts	—	—	1
	Marriage	2	6	9
	Unknown	—	2	5
	Total Number of Nurses	26	36	53

* Two of these alternative nurses had arranged to take posts as staff nurses in the Children's Paediatric Hospital, Helsinki, and one other was working as a Staff Nurse at the Glasgow Eye Infirmary before commencing a midwifery course.

370. This occupational trend is also being followed by the third group of alternative and control nurses as far as can be seen at present. In recent discussions with the third group of alternative nurses seventeen out of twenty-two of them indicated that they would become pupil midwives after leaving Glasgow Royal Infirmary. One has arranged to take a course in psychiatric nursing, one hopes to become a physiotherapist, one is staying on as a staff nurse for six months and two will be married. As far as the third group of controls is concerned about 60 per cent. of them are again doing midwifery, and all the others either taking further posts as staff nurses or getting married. The pattern indicated in Tables Nos. 78 and 79 for the first and second groups of alternative and control nurses would, therefore, seem to be confirmed.

371. In the light of this evidence it does not appear that the experimental course has so far made available any greater number of trained nurses to the hospital service. So far most of the alternatives have followed the pattern long established by the regular nurses of taking their midwifery course on completion of the three-year period in their parent training school. How many of them will return to nursing in British hospitals remains to be seen in the years to come, but it seems unduly optimistic to hope that the social trend towards earlier marriage and the professional desire to work abroad will affect alternative nurses less noticeably than the controls.

CHAPTER XIV

THE OPINION OF NURSES ASSOCIATED WITH THE EXPERIMENT

372. The emphasis placed by the Assessment Committee on the evaluation of the measurable objectives of the experiment has already been noted. Nevertheless, in the course of conducting such a factual enquiry as has been described in this report certain opportunities arose for both the qualified nurses and students participating in the experiment to express their opinion on the new course. Whilst the Committee regard such subjective material as secondary to their principal method of evaluation, this chapter has been included as it is considered that these collected opinions may help to indicate the degree of satisfaction engendered by the new course. It will be recalled that such ideas were in the minds of the planners when they stressed their desire to recruit more student nurses and reduce wastage during training. Similarly, the additional objectives, mentioned in Chapter V, although defying exact measurement by means available to the Assessment Committee, might to some degree be measured in this way.

373. Although no specific plans had been made to gather the opinion of personnel closely associated with the experiment, there were many occasions during the evaluation programme when the wards and departments of Glasgow Royal Infirmary and the other associated hospitals were visited by the nurse-observer to study the planning and progress of the course. In this way many informal opportunities arose for discussion of the alternative course with both ward sisters and the students themselves, which inevitably threw some light on the reactions of these students themselves and their enjoyment of this new course. Only one planned attempt was made to collect opinions systematically, and that was during the all-important interne year when the sisters, on whose wards there was an alternative nurse working, were invited to make some assessment of the ability and progress of the alternative nurse concerned.

374. It will be noted that the discussion in this chapter relates only to the alternative nurses, as it was considered neither feasible nor desirable to include the other regular nurses in Glasgow Royal Infirmary in such an informal opinion study.

THE OPINION OF STUDENTS

375. In every term except the first it was possible to talk to a number of alternative students on their wards. Discussions normally related to their professional course and progress, but occasionally they wished to express to someone outside their own group thoughts on their facilities for personal and social recreation.

376. The alternative students were always alert and interested in their own special position. They, for instance, were unanimous in saying that the integration of theory and practice throughout their course was extremely helpful, since it enabled them to establish good relationships quickly with the patients

and with the ward staff. By this they did not mean merely that they could adjust themselves quickly to the different wards and specialty departments visited, but since they were attached to every ward for a considerably shorter number of hours than their regular colleagues the correlation of theory and practice helped them to learn more from this shorter experience.

377. Another strong feeling frequently expressed by the alternative students was their desire to identify themselves completely as members of the regular nursing team. Up to the fifth term, when they more or less ceased to be supernumerary, they disliked more than anything else being given the inevitable label of "Clevedon girl".¹ This attitude was inevitably the result of superimposing the experimental course upon a regular school of nursing, where the students had to undertake so much more of the nursing service requirements of the hospital during their three-year apprenticeship.

378. This feeling of belonging to the ward team could not really be gained by the alternative nurses until the middle of the second year, during the fifth term, and the satisfaction that it gave was forcefully expressed. The continual change of hospital experience made necessary during the third and fourth terms was enjoyed by most of them, and considered stimulating; but as a result of the varied scenes many members of the group were aware of a feeling of "outsideness" as they expressed it themselves. At this time they could not stay long enough in any hospital or ward to gain a feeling of working their way into the team, and their lack of direct responsibility for patients and their supernumerary status were both accentuated. Just a few of them also found some difficulty in adjusting to the psychiatric nursing experience of the fourth term, although they appreciated the value it would be to them when they returned to the general wards. It was also interesting to note that these alternative students themselves considered that the short periods of experience they gained in hospitals outside Glasgow Royal Infirmary were adequate for basic nursing requirements in these specialities.

379. Another noticeable reflection of many of these students was that they should be given greater responsibility for their patients earlier in their course. It was difficult to see how this could be developed effectively until all the experience in the outside hospitals had been acquired. This particular dissatisfaction, however, emerged strongly in students' comments before the fifth term was reached, and is closely allied to their feeling of "outsideness". Many of them, as already noted, did achieve a considerable degree of responsibility for patient care during this fifth term, and certainly seemed happier and more contented by doing so.

380. But this particular point was raised again in discussion by the students in their sixth term, when they considered that in this one respect they had to some extent retrogressed. In this last term their minds were inevitably turning to the interne year ahead, and they needed reassurance that they were going to be able to take considerable responsibility for ward administration and to plan the total care of patients. This sentiment expressed by these alternative students may have been accentuated by working alongside the regular students as closely as they did, and by becoming familiar with the considerable authority being assumed by them. It was, however, strongly and persistently expressed by many of the alternative students from the second term onwards.

381. The alternative students in all three groups also made some comments

¹ The alternative nurses came to be known frequently in the hospital as "Clevedon girls" since their hostel and training school were both situated in Clevedon Road, Glasgow.

on their classroom experience in Clevedon Road. These opinions were given either in their sixth term or the interne year, and therefore reflected their thoughts on the whole theoretical aspect of the course. There was also no doubt that many of them felt the need for more time for personal study. Curiously enough they resented quite strongly the number of case histories they had to prepare, and many of them believed that only the ones compiled by themselves helped them at all. They thought that their endless repetition throughout the course was conducive to lack of interest and boredom with each other's efforts. They also would prefer, they said, to spend less time in working on "arranged" questions and the preparation of tests, so that they would have more freedom to select their own subject for study.

382. On a number of occasions the students also commented on their attitude towards student status. It seemed to them that they had achieved a greater degree of "student nurse" status, but not necessarily real student status. By this they meant that, although their course had been carefully planned for them both educationally and practically, they had not had the social responsibilities and privileges normally enjoyed by college students. For instance, they would have appreciated greater freedom in the issuing of late passes, and the opportunity of spending consecutive off-duty nights more frequently in their own homes. As it was, they were only permitted to spend two consecutive nights away from hospital once each term, even if this meant, as it often did, cutting short a day off to return to the hostel after one night's absence. They also pointed out that they were periodically urged to plan social evenings for the staff and themselves; but this 'arranged' sociability was not appreciated or found to be at all satisfactory.

383. It must be mentioned that these points were made without any grudge at all against their own course, which on the whole they had enjoyed. But this group of intelligent young women were seriously trying to understand to what extent their new so-called student status had actually broken fresh ground in terms of developing greater professional and social maturity.

384. About two-thirds of the first and second alternative groups and all members of the third group, with one exception, were interviewed at the end of their third year. Almost all of them said that it had been a tough experience at the beginning. Quite a number of them believed that they might well have been better equipped to face the sudden transition in status from student nurse to acting staff nurse. Many of them felt the need for some short introduction to the role of the staff nurse as far as the routine administrative duties were concerned. It was in this respect rather than in relation to carrying out nursing care and techniques that nearly all of them had experienced considerable anxiety earlier in this year. It was also suggested by others that a short spell of night duty, as the senior nurse, right at the beginning of the interne year, would have helped to develop confidence quickly and effectively.

385. On the other hand, none of these nurses doubted the great value of this third year. They were astonished at how much they had learnt about every aspect of nursing care and ward routine, and as one of them said everything had 'clicked' as the year proceeded. They all believed also that it was an essential part of their course; and it seemed that by the end of it almost without exception they felt ready and able to act as sister's deputy.

386. Another interesting point they made was that the freedom from examinations had increased their ability to understand the requirements of total nursing care for the first time. It was also in this interne year that most of them

had been able to resume a fuller social life, and to develop new interests outside their work, which as students they had found impossible.

THE OPINION OF WARD SISTERS

387. During the course of many visits to Glasgow Royal Infirmary over the years it was possible for the nurse-observer to know most of the ward sisters quite well, and to have periodic discussions with them on the practical abilities of both the alternative and regular students. The sisters in Glasgow Royal Infirmary, as well as in the other hospitals visited, had a consistently high regard for the enthusiasm, willingness and adaptability of the alternative nurses. There were individual exceptions, as is inevitable in all such groups of students, but it was felt that nearly all of them sought to take a full and fair share of all types of nursing duties. The ward sisters were also consistent in their appreciation of the theoretical competence of the alternative students, although equally agreeing that on the whole their practical work tended to be slower and unrelated to any emergencies which might develop. One sister, in fact, epitomised the contrast between the two groups when she mentioned that on various occasions she had asked students of the alternative and regular groups to administer the same medicine; the regular student knew exactly where the medicine was kept and where to find the instructions for the correct dosage right away, and would probably have the medicine administered much more quickly than the alternative student, who was at this time less familiar with the exact bottle required and its position in the medicine cupboard. On the other hand, she went on to say that there was no doubt about which student would know most about the possible toxic effects of such a drug upon the patient.

388. When talking to matrons and ward sisters in the outside hospitals about the practical experience of the alternative students there was equal certainty expressed about their integrity and group enthusiasm, and as previously indicated the shorter-staffed hospitals were more than delighted with their additional contribution to patient care. There was also the feeling generally amongst these specialists that the short period of time spent by the students was inadequate to provide a sound grounding in the specialty in question. This was an opinion, however, which the alternative students themselves did not share.

389. The planned interviews which took place with the Glasgow Royal Infirmary ward sisters were undertaken on three occasions during each of the first two interne years, when the official observation sessions were being carried out in Glasgow Royal Infirmary. Because of the similarity of the findings resulting from all these discussions over the two-year period, it was decided not to repeat this project in detail during the third interne year. During this latter phase, however, occasional discussions were continued on the same basis to check on any changes in ward sister opinion.

390. All ward sisters having an alternative nurse in their team were asked to rate them in terms of the standard of performance of an average fourth year staff nurse in this hospital. This requirement might seem to lack some appreciation of the very new and special role of the alternative nurse, particularly at the beginning of her interne year, but again it was felt that some known standard of performance must be sought in order to establish an objective measurement of progress during the year. The sisters were asked to comment on the performance of these nurses under the same headings as were being used by the

internal and external observers; and the results of these opinion studies have been summarised here as far as possible.

391. Although nearly all the ward sisters were interviewed on each occasion it was difficult to synthesise their comments for the simple reason that only some of the alternative nurses were acting as staff nurses at any time, and their seniority on the wards varied considerably throughout the interne year. For this reason too it was impossible to analyse the progress made by individual alternative nurses during this period. Tables Nos. 64, 68 and 72 have already shown the different positions held by each of these seventy-two alternative nurses during the first, second and third interne years respectively.¹

392. On all occasions when these discussions were held with the ward sisters slightly more than half the alternative group were acting as staff nurses, and could be reasonably assessed by the ward sisters. At the beginning of the year it was clear that only about twenty-five per cent. of them measured up to the average staff nurse performance to which the sisters were accustomed, but by the end of the first interne year, at least half of the group were able to do so and approximately 70 per cent. at the end of the second year.² As far as the individual performance of the alternatives was concerned, three or four of them were regarded as disappointing on all occasions, whilst the rest of them had a variable rating at different stages in the year.

393. It was, of course, impossible for the ward sisters to give any such clear-cut impression of the capabilities of the other alternative nurses, who had not been placed as their deputy or acting staff nurse. They could, however, discuss certain aspects of their work, such as method and technique and care of patients, both of which were largely unrelated to administrative duties. The attitude of the ward sisters to these particular enquiries was much more encouraging, and during each series of interviews at least 80 per cent. of those nurses were regarded as equally proficient in carrying out nursing procedures and satisfactory patient relationships as the regular staff nurses. Only a small and constant minority failed to achieve this standard.

394. The comments made by the ward sisters on the performance of the second and third groups of alternative nurses in the acting staff nurse role were similar in many respects to their remarks on the first group. The only difference of interest was to note once again, as in the results of the observation sessions, that their performance in their second and third years was rather better, especially in the last six months.

395. The impression gained from the ward sisters of the performance of these alternative nurses during the interne years may perhaps be best summed up by saying that whenever they had to assume the role of acting staff nurse the ward sisters became rather tentative about their potentialities, although greater assurance of their work in this role was expressed as each year progressed. On the other hand, whenever the alternative nurses had not been sister's deputy and, therefore, not an acting staff nurse, a much greater feeling of assurance regarding their ability at this lower level was given. In fact, the ward sister's estimation of the alternative nurses resembled closely that of the external and internal observers who had carried out the official evaluation of all three interne years.

¹ For Tables Nos. 64, 68 and 72 see Chapter XII.

² From the gist of the discussions held in the third year it would appear that rather more than 75 per cent. of the internes could act effectively as staff nurses by the end of the twelve months.

396. The Committee are well aware of the danger of reading too much into the presentation of these various opinions, despite the fact that great care was taken to record the points raised by all these nurses as accurately as possible and immediately after each discussion took place. Another occasion and another milieu might well vary them considerably; but it does appear that two conclusions may tentatively be put forward at this stage. Firstly, that both the ward sisters and the students themselves were aware of the great contrast between their supernumerary role in the first two years of the course and their need to adapt very quickly to the acting staff nurse role in the interne year. This experience confirmed the contrast which has emerged in these phases of the course in the factual analyses presented in Chapters VIII to XII of this report. Secondly, it seems that, although the alternative nurses had enjoyed many aspects of their new course, in other respects the personal satisfaction it brought was more doubtful. In certain ways student status had seemed over-accentuated to these alternative nurses, whilst in others, particularly in the academic and social fields, they considered it under-developed. Although, therefore, this experiment had given a good deal of satisfaction to them, these discussions certainly left the impression that even more could be achieved by developing a better balance in the concept of student status. It is also unlikely in these circumstances that the additional objective of producing "a more fully educated and mature nurse with scope for greater personality development"¹ will be entirely fulfilled.

Part 6. A Comparative Analysis of the Characteristics and Performance of the Alternative and Average Student Nurses in Scotland

CHAPTER XV

A COMPARATIVE ANALYSIS OF THE CHARACTERISTICS AND PERFORMANCE OF THE ALTERNATIVE AND AVERAGE STUDENT NURSES IN SCOTLAND

397. It has already been noted in Chapter V that the second aspect of this evaluation programme would be concerned with an attempt to make some general comparisons between the background and performance of the alternative and average student nurses in Scotland. This further analysis has entailed some enlargement of the immediate evaluation plans based upon Glasgow Royal Infirmary and Edinburgh Royal Infirmary. The Assessment Committee, however, considered that this second phase of the evaluation was necessary if they were to try to find some answer to the last aspect of their evaluation obligations to assess "the possibility of the further extension of this system of training". The need for this additional investigation was also

¹ See Chapter V—Additional Objectives of the Experiment.

heightened by the Committee's knowledge of the educational and intellectual atypicality of the alternative students and to a lesser degree the control students.

398. In order to achieve up-to-date information on the average Scottish students a follow-up study was established in September 1957 which provided for the collection of data relating to the characteristics of student nurses entering all the general, sick children's and infectious diseases hospitals in Scotland during one year. All student nurses entering the Preliminary Training Schools of these fifty-two hospitals were asked to answer fairly detailed questionnaires on their personal, social and educational history, and also to complete the Otis Intermediate Test for Secondary Schools so that an assessment of their intelligence could be obtained.

399. During the course of the year 1st September 1957 to 31st August 1958, almost two thousand students entered these various hospitals; and 98.5 per cent. of them voluntarily completed these various schedules.¹ For the other 1.5 per cent. of non-co-operating students it was possible to fill in certain gaps in their background, such as school leaving age and educational qualifications, from the matrons of the hospitals concerned. The data presented in this section on the average student nurse, therefore, are representative of the present-day Scottish students except for a small number taking training in psychiatric or other specialised branches of nursing.

400. The main purpose of this cohort study has been to analyse the numbers and types of students succeeding in the Preliminary State Examination taken after the completion of one year in hospital, and the Final State Examination taken at the end of three years in the general and sick children's hospitals and after two years in the infectious diseases hospitals. In order to follow the progress of the students information has been available from two sources. Firstly, the matrons of all these hospitals have assisted by notifying the departure of any student between the date of commencement and the time of taking the Final State Examination; and secondly, co-operation has again been given by the General Nursing Council for Scotland in respect of examination results.

401. The Council generously agreed to make available the same gradings on the performance of the students in both the Preliminary and Final State Examination as they had done for the alternative and Glasgow and Edinburgh Royal Infirmary control students discussed earlier in this study. It was not feasible in this instance to get all these papers re-marked as had been arranged before, but it was considered that the large number of students involved would tend to offset examiner discrepancies should they exist.²

402. This part of the evaluation is not yet completed, as the last students entering both the general and sick children's hospitals in August 1958 will not take their Final State Examination until the autumn of 1961. If they have any deferment of examination dates it may be towards the end of 1962 before all the results of these entrants are known. At this time, therefore, it is only possible to consider the performance of all these average students up to and including the Preliminary State Examination. Some of them will have discontinued their training before participating in this examination, whilst the achievement by grading of all the others taking it has now been made available by the General Nursing Council for Scotland.

¹ For the questionnaire used in this study see Appendix IV.

² The General Nursing Council for Scotland has a large team of surgeon, physician and nurse examiners who each correct some 25-50 papers in their own subject, so that the marks awarded to these 1,912 students would be allocated by a number of different experts.

403. On the basis of this further investigation it will be possible to indicate the extent of the differences between the alternative and average student nurses in Scotland. In the first section of the following discussion the variations in the educational and intellectual characteristics of the two groups is presented; and secondly, it has been possible to examine in some detail the characteristics of the successful and unsuccessful average students, so that these may be compared with the comparable findings already presented for the alternative and control students in the earlier part of this study. Lastly, from this evidence it will be possible to estimate the percentage of average students likely to succeed in the experimental type of course.

404. In Table No. 80 the educational and intellectual characteristics of the alternative and average students can be compared.

*The Educational and Intellectual Characteristics of the
Alternative and Average Student Nurses in Scotland*

TABLE 80

		Average Students	Alternative Students
		Per cent.	Per cent.
School Leaving Age	18 and over	7.0	44.0
	17.0-17.11	15.5	45.3
	16.0-16.11	14.7	9.3
	under 16	62.8	1.4
	Total	100.0	100.0
Educational Qualification	S.L.C. with university entrance	1.7	22.7
	S.L.C.	18.6	73.3
	No S.L.C.	79.7	4.0
	Total	100.0	100.0
Otis Intermediate I.Q.*	110-116	24.8	66.7
	100-109	43.5	33.3
	Up to 99	31.7	—
	Total	100.0	100.0

* The Otis Intermediate Test for Secondary Schools is not considered a satisfactory test for the average student nurse and even less so for the alternatives, as it is intended for school children in the 11 to 14 age groups. In the process of establishing the Scottish Study on the Characteristics of Successful and Unsuccessful Student Nurses, outlined at the beginning of this chapter, it was discovered that this particular test was being used by exactly half the student nurse training schools concerned. Because of the impossibility of getting all 26 of these hospitals to use another test it was decided to get it carried out by the students in the other 26 hospitals in this Study. To form some basis for comparison the alternative students were also asked to carry out this Otis Test, in addition to the N.I.P. Group Test 33 completed at their interview. The Otis Test is not, however, likely to give sufficient discrimination at the higher score levels.

405. The contrast between the alternative and average students' educational and intellectual background illustrated by this table is striking; and all these differences are statistically significant. Within each of these two student groups there is also a similarity between their educational and intellectual ability and their school leaving age which is hardly surprising, as it is unlikely that the less intelligent school girls will be the ones to be encouraged to continue with their education or to take a school leaving certificate.

406. The variations already noted between the alternative and average students' educational achievements is given in greater detail in the following table, No. 81, and the same data for the control students of Glasgow Royal Infirmary and Edinburgh Royal Infirmary have also been included.

407. It is apparent from this table that 84 per cent. of the alternative students fall in the top 10 to 11 per cent. of the average student population and 96 per

*Standard of School Leaving Certificate achieved by
Alternative, Average and Control Student Nurses in Scotland*

TABLE 81

Educational Standard	Alternative Students		Average Students		Control Students	
	No.	%	No.	%	No.	%
More than 2 highs in School Leaving Certificate	26	84.0	56	10.9	36	30.9
1 or 2 highs in School Leaving Certificate	37		157		74	
More than 2 lowers in School Leaving Certificate	6	12.0	133	9.3	49	17.7
1 or 2 lowers in School Leaving Certificate	3		45		14	
No School Leaving Certificate	3	4.0	1,552	79.8	182	51.4
Total	75	100.0	1,943	100.0	355	100.0

The Personal Characteristics of Successful and Unsuccessful Average Student Nurses in the Preliminary State Examination

TABLE 82

		Average Scottish Students	
		Percentage Successful in P.S.E.* Per cent.	Percentage Unsuccessful in P.S.E.* Per cent.
Father's Occupation	Professional	12.0	6.1
	Other non-manual and Self-Employed	35.2	28.2
	Manual	47.9	51.4
	Unknown	4.9	14.3
	Total	100.0	100.0
Family Size	1 and 2	58.3	50.6
	3, 4 and 5	30.0	31.7
	6 and over	11.7	7.8
	Unknown	—	9.9
	Total	100.0	100.0
Nationality	Scottish	86.4	85.9
	Other U.K.	6.2	6.6
	Outside U.K.	7.4	4.3
	Unknown	—	3.2
	Total	100.0	100.0
Previous Jobs held (non-nursing)	1 job	45.0	53.0
	More than 1 job	11.5	19.2
	No jobs	43.5	27.2
	Unknown	—	0.6
	Total	100.0	100.0
Previous Nursing Experience	None	49.6	53.9
	Pre-Nursing Student	17.0	11.2
	Auxiliary, Orderly, etc.	27.6	30.4
	Student Nurse	5.8	4.5
	Unknown	—	—
	Total	100.0	100.0

* P.S.E.—Preliminary State Examination (of the General Nursing Council).

The Educational and Intellectual Characteristics of Successful and Unsuccessful average Student Nurses in the Preliminary State Examination

TABLE 83

		Average Scottish Students	
		Percentage Successful in P.S.E.* Per cent.	Percentage Unsuccessful in P.S.E.* Per cent.
School Leaving Age	under 15½	49.5	65.3
	15.6-17.0	25.0	22.8
	17.1 and over	25.5	11.9
	Total	100.0	100.0
Educational Standard	No S.L.C.	74.7	91.6
	S.L.C. only	23.2	7.7
	S.L.C. with Attestation of fitness†	2.1	0.7
	Total	100.0	100.0
Score in Otis intermediate Intelligence Test	< 100	26.3	49.7
	100-109	47.4	37.5
	110-116	26.3	12.8
	Total	100.0	100.0

* P.S.E.—Preliminary State Examination (of the General Nursing Council for Scotland).

† A School Leaving Certificate with at least two academic subjects at higher level and three at lower level may be considered by the Scottish Universities Entrance Board as worthy of an Attestation of Fitness Certificate admitting the student to a University course.

cent. of them in the top 20 per cent. This comparison illustrates very plainly the educational atypicality of the alternative group, and on this basis it would be reasonable to anticipate the entry of about four hundred average students into the profession in Scotland annually who matched the alternative group educationally. The other point of interest which emerges is the position of the control group vis-à-vis the other two groups, indicating that the educational entrance standard of students in the two leading teaching hospitals in Scotland is also well above the average level of all training schools in the country.

408. Having noted these differences between the three student groups, it is now relevant to consider whether the performance of the average student was related directly to educational and intellectual ability as has been so definitely proved in the case of both the alternative and control students. The two preceding tables, Nos. 82 and 83, illustrate the extent to which educational-intellectual and certain other personal characteristics affected the success of the average Scottish student nurses, up to the time of taking their Preliminary State Examination.

409. It will be seen from these two tables that the success of these average students up to the time of passing their Preliminary State Examination depends very much less on their personal and non-educational characteristics, except where, for instance, their fathers are professionally employed or where these students have not previously been employed before entering nursing. But these are the very students who were able to stay at school longer to complete their education on account of opportunity and personal ability. All the figures quoted in these tables are significant at the $P = < .05$ level. It appears, therefore, that the average students are also dependent for their success principally upon these educational and intellectual factors.

410. A more detailed examination of this theory has been attempted in the next part of this discussion. Although the Final State Examination results are not yet available for all these average students, it has been possible to indicate their performance in the Preliminary State Examination for which the Scottish General Nursing Council, as previously indicated, have made available the same gradings as for the re-marked papers of the alternative and control students.

411. In the following tables, Nos. 84 to 88, the average students who passed the Preliminary State Examination have been sorted into three categories based on their educational-intellectual ability. This classification has been established because, as a result of all the analyses of the characteristics of successful and unsuccessful students these two factors—educational and intelligence—were found to be unquestionably the most important for all types of students.

412. The arrangement of these categories had to be related to the ability of these students in such a way that approximately one-third of them could be distributed into each classification. The educational-intellectual classification was, therefore, planned on the following basis.

- Category 1. Included all students who had a school leaving certificate regardless of intelligence score, and students without a certificate who had an intelligence score of 110 upwards (645 students).
- Category 2. Included all students with an intelligence score of 100—109 (but who had no school leaving certificate) (677 students).
- Category 3. Included all students who had an intelligence score below 100 (and had no school leaving certificate) (590 students).¹

413. One or two further explanatory comments are required in connection with these tables. They relate only to average students who succeeded in passing both Parts of their Preliminary State Examination. This means that the 516 (or 27·0 per cent.) of the students in this investigation who did not pass the examination have been omitted from these analyses. In constructing these tables the pass grade, either A, B or C, has been recorded for each student, although some of them only achieved a pass grading after more than one attempt.

414. These following tables will indicate the standard of performance of the successful average students in both parts of the Preliminary State Examination. Nos. 84 and 85 are based on performance in Part I of the examination, the written papers in Anatomy and Physiology and Health and Nutrition respectively; and No. 86 relates to the standard achieved in Part II, the Nursing, written and practical examination. Tables Nos. 87 and 88 indicate the time taken by all these categories of students to pass both parts of the examination.

¹ Of the 1,979 students in the survey 36 were men who were not included in these tables on account of their different background and characteristics and the intelligence score of the remaining 31 students was unknown. These categories, therefore, represent 1,912 students or 96·3 per cent. of the student population.

*The Performance of the Average Student Nurses in the
Anatomy and Physiology Paper of the Preliminary State Examination*

TABLE 84

Grade achieved in Preliminary State Examination	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Grade A	268	48.0	178	35.5	70	20.9
Grade B	162	29.1	143	28.5	95	28.2
Grade C	128	22.9	181	36.0	171	50.9
Total	558	100.0	502	100.0	336	100.0

*The Performance of the Average Student Nurses in the
Health and Nutrition Paper of the Preliminary State Examination*

TABLE 85

Grade achieved in Preliminary State Examination	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Grade A	184	33.0	98	19.5	28	8.3
Grade B	197	35.3	174	34.7	96	28.7
Grade C	177	31.7	230	45.8	212	63.0
Total	558	100.0	502	100.0	336	100.0

*The Performance of the Average Student Nurses in the Nursing Written
and Practical Tests of the Preliminary State Examination*

TABLE 86

Grade achieved in Preliminary State Examination	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Grade A	195	35.0	108	21.5	53	15.8
Grade B	297	53.2	292	58.2	196	58.3
Grade C	66	11.8	102	20.3	87	25.9
Total	558	100.0	502	100.0	336	100.0

415. In both Tables Nos. 84 and 85 it is apparent that the best performance is achieved by the category 1 students in the written papers of this examination, as a greater number were placed in grade A than the other two categories and similarly fewer of them were in grade C. These differences reached a level of statistical significance on both occasions ($X^2 = .001 > P$). In Table No. 86 the result was not very different. In this case over 50 per cent. of students in all categories were in grade B, but again a higher percentage of category 1 students achieved grade A than grade C, whereas in the case of category 3 students this particular finding was reversed. Again, as in Tables Nos. 84 and 85, the results indicated in Table No. 86 reached the same level of significance in the chi-square test.

416. The next two tables, Nos. 87 and 88, illustrate another aspect of this same trend by showing the different percentage of students in each of these three categories who passed Part I and Part II of the Preliminary State Examination at the first attempt.

*The Time taken by the Average Students to pass Part I
of the Preliminary State Examination*

TABLE 87

No. of attempts at Part I Preliminary State Examination	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Passed exam. at first attempt	524	93.9	444	88.4	267	79.5
Passed exam. at second, third or fourth attempt	34	6.1	58	11.6	69	20.5
Total	558	100.0	502	100.0	336	100.0

*The Time taken by the Average Students to pass Part II
of the Preliminary State Examination*

TABLE 88

No. of Attempts at Part II Preliminary State Examination	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Passed exam. at first attempt	542	97.1	451	89.8	292	86.9
Passed exam. at second, third or fourth attempt	16	2.9	51	10.2	44	13.1
Total	558	100.0	502	100.0	336	100.0

417. Both these tables are again significant at the $P < .001$ level in the chi-square test; and they indicate that the category 3 students in both parts of the examination had a much higher failure rate at the first attempt than the category 1 students. This finding accentuates the differences between the three categories of these average students already noted in Tables Nos. 84 to 86 above.

418. The main point of interest arising from these last five tables, Nos. 84 to 88, is that for the average student nurses in Scotland educational and intellectual ability is at least as important a factor in standard of performance in the Preliminary State Examination as it was shown to be for both the alternative and control students in the Final State Examination.

419. As indicated earlier as many as 516 of the average students did not succeed in passing the Preliminary State Examination. Some left before taking it and others failed in the attempt to pass. In the following analysis of the characteristics and categories of these unsuccessful students it will again be possible to consider how far this considerable student loss was due to educational or other factors, bearing in mind the wastage analysis already undertaken on the alternative and control groups.¹

420. It has been possible to attempt this study of wastage amongst the average students at two levels. Firstly, the cause of this wastage amongst the 516 unsuccessful students has again been related to their three education-intellectual categories. Before presenting this analysis in Table No. 89 it is interesting to note that the overall rate of loss was 13.3 per cent. for the category 1 students, 25.7 per cent. for category 2 and 43.0 per cent. for the category 3 average students. These percentages immediately suggest the disadvantageous position of the last and least well-qualified category.

421. A study of Table No. 89 leaves no doubt at all as to the principal cause of wastage in both categories 2 and 3, although the percentage of students leaving on account of intellectual disability in category 3 is much higher than in the middle one. It is also apparent that so many of the category 2 and 3

¹ For this analysis see Chapter XI, pp. 92 to 98.

students were lost on account of educational unsuitability that the number of them recorded as leaving for other reasons was inevitably reduced compared with category 1. The other feature of particular interest is that a much higher percentage of category 1 students were lost to the profession because they did not like nursing as such. The findings of this table again underline the disadvantages of the category 3 students, and contrast notably with the alternative groups who suffered no loss of students on account of educational unsuitability.

The Principal Causes of Wastage amongst Average Student Nurses in Scotland up to the time of taking the Preliminary State Examination

TABLE 89

Causes of Wastage	Category 1 Students		Category 2 Students		Category 3 Students	
	No.	%	No.	%	No.	%
Educational unsuitability during or after the P.T.S.	10	11.5	56	32.0	177	66.9
Did not like nursing or hospital discipline	32	38.0	33	18.8	21	8.2
Left on account of ill health	13	14.9	26	14.8	9	3.5
Left for other reasons	32	35.6	60	34.4	47	21.4
Total	87	100.0	175	100.0	254	100.0

422. The second phase of this wastage analysis has been based on a study of the causes and distribution of wastage amongst the average students over the full three years of their course. This further study has been undertaken, in order to compare the findings directly with those of the alternative and control students presented in the first part of this evaluation. To do this only the first intake of average students in each hospital (i.e. those commencing between 1st September and 31st December 1957), who have now completed the whole three years of their course could be included. There are 784 students, or 39 per cent. of the survey population in this group. The causes and incidence of wastage amongst these students are presented in Table No. 90. Although the official cause of wastage was supplied by the matrons, students discontinuing training have also been invited to answer a questionnaire after leaving their training school, and all the students included in line 1 of this table have indicated that their failure was due to theoretical incompetence.

The Causes of Wastage amongst Students in General, Sick Children's and Infectious Diseases Hospitals in Scotland commencing their course between 1.9.57 and 31.12.57 up to time of taking the Final State Examination

TABLE 90

Cause of Wastage	Duration of Training				
	1-6 months	7-12 months	2nd year	3rd* year	over whole course
	%	%	%	%	%
Educationally unsuitable	42.4	40.0	40.9	17.4	39.3
Dislike of nursing	6.8	20.7	9.0	4.3	10.0
Sickness	10.2	3.7	6.6	8.7	7.8
Family and domestic reasons	15.2	7.5	18.0	8.8	13.9
Other reasons	8.4	3.6	9.0	4.3	7.6
Marriage	10.2	17.0	16.5	56.5	16.6
Total per cent.	100.0	100.0	100.0	100.0	100.0

* Third-year figures relate to general and sick children's hospitals only.

423. The situation presented in this table is not dissimilar to that illustrated by Table No. 89, as again intellectual unsuitability is the most serious factor, except for the high rate of marriage evident in the third year. If the educational, disciplinary and health factors are added together they are, as with the control students, found to be responsible for about half of this student nurse wastage—49·3 per cent.—indicating that there is a close relationship between the causes of wastage amongst the average and control students, but some considerable difference between both these groups and the alternative students.¹

424. This assumption is clarified in Table No. 91, which illustrates the numbers of students in all three groups—alternative, average and control—whose loss is attributable to what may be termed the 'avoidable' factors in the first two sections of the table, and the 'unavoidable' ones such as marriage, domestic and family problems and personal reasons indicated in the last sections.

The Causes of Wastage amongst Alternative, Average and Control Student Nurses before taking the Final State Examination corrected for size of group

TABLE 91

Cause of Wastage	Number of Students leaving in 3 years per 1,000 students entering		
	Alternative Students	Average Students	Control Students
Educational unsuitability	Nil	133	34
Dislike of nursing . . .	13	50	50
Ill-health	27	26	31
Family and domestic . .	Nil	47	17
Marriage	Nil	59	11
Personal	Nil	12	14
Other reasons	Nil	13	8
Total Number leaving . .	40	340	165
Total Number in group . .	1,000	1,000	1,000

425. From this table it is apparent that the educational discrepancy already noted between the alternative and control nurses is further accentuated in the case of the average students. The other notable feature is also that the average student wastage for dislike of nursing is comparable to that of the controls, but much higher than in the alternative group. Wastage due to ill health, estimated on this basis, is the same for the alternative and average groups and slightly more for the controls; whilst all the other causes of wastage which might be regarded as 'unavoidable' have not affected the alternative students at all, and the other two groups equally.

426. From the data presented in this chapter two facts have emerged with certainty. One is that there is a wide variation in the qualifications and intellectual ability of the alternative and average students before they commence their respective courses; the other is that for all the students included in this evaluation study, whether they are alternative, control or average, there is a close and unmistakable relationship between their own ability and their success as students in both courses. It is therefore reasonable to assume that many of the less able average students would have considerable difficulty in undertaking the shorter and more academic experimental type of course. Some more

¹ See Chapter XI, Table No. 60, p. 97.

precise estimation of how many average students might be able to participate successfully can be made from the percentages presented in the next table, No. 92. In this table the alternative and control students have also been placed in the same three educational-intellectual categories as have already been used for the average students earlier in this discussion.

The Percentage of Alternative, Average and Control Students falling into Educational Intellectual Categories 1, 2 and 3

TABLE 92

	Alternative Students		Average Students		Control* Students	
	%	No.	%	No.	%	No.
Category 1	100.0	75	33.7	645	74.7	145
Category 2	—	—	35.4	677	19.6	38
Category 3	—	—	30.9	590	5.7	11
Total	100.0	75	100.0	1,912	100.0	194

* Only the control students commencing in Glasgow Royal Infirmary in August and September 1955 and 1957, and in Edinburgh Royal Infirmary in August and September 1957 are included in this table, since the others did not complete the Otis Intermediate Test for Secondary Schools one of the criteria on which these categories were established.

427. Although it is impossible to predict, even after studying this last table, exactly how many of the average student nurses could undertake the new course successfully, particularly remembering the very different facilities available in the experimental and traditional methods of training, on the basis of this evidence some forecast will be attempted.

428. Firstly, dealing with the category 1 students only, it will be recalled that all this group of average students either possessed some type of school leaving certificate or had a high score in the Otis Intermediate test. It is, therefore, considered likely that all these 645 average students could successfully undertake the experimental type of course, where these attributes have been shown to be so important. This prediction is also strengthened by the fact that the more highly qualified alternative students had passed the Final State Examinations with some margin of marks to spare, so that a rather less atypical group could also be expected to succeed.

429. Of the category 2 students it is almost impossible to make any reliable forecast, since none of the alternative students were in this category; and it is difficult to assess how the better facilities but greater academic intensity of the new course would impinge on this group of students. Some of the more intelligent ones might well succeed, but the others would probably find the intellectual pace too great.

430. Turning to the category 3 students it is highly doubtful whether the 590 students, all of whom had an intelligence quotient of less than 100 in the Otis Intermediate test, would be able to reach the required academic standard in this shorter period of time. From the evidence available in the first part of this evaluation study, it was apparent that the performance of the control students with a score of below 100 in the N.I.L.P. Group Test 33 deteriorated sharply almost invariably in all the written examinations. Admittedly, most of them passed the Final State Examination, but it is highly doubtful whether they could succeed in a more concentrated and academic type of course; and as far as the average students themselves are concerned, it has been illustrated that the category 3 students not only pass the Preliminary State Examination at a lower standard but take a significantly longer time to do so.

431. It is impossible to be more precise with the data available, but it is suggested that at least a third of the 1,912 average students included in this particular analysis would find the experimental type of course too difficult for them theoretically; and if they were all encouraged to participate it can only be assumed that the present rate of wastage amongst the category 3 students, which is already as high as 43.0 per cent. up to the completion of the Preliminary State Examination, would be considerably increased.

Part 7. Conclusions and Implications of the Glasgow Experiment

CHAPTER XVI

A DISCUSSION OF THE FINDINGS AND IMPLICATIONS OF THIS EVALUATION

432. It is the Assessment Committee's intention in this chapter to recapitulate the conclusions established as a result of the analyses presented in the earlier sections of this report. This summary will be presented in three parts: the first will consider "the extent to which the experiment has achieved its objectives", the second "the possibility of the further extension of this system of training",¹ and the third will indicate the contribution of this new course to the solution of the long-term problems of basic nursing education outlined in the first chapters of this report.

I. The Achievement of the Experimental Objectives

433. It will be helpful at this point to recall that the Assessment Committee, before planning their evaluation programme, had sub-divided the objectives of the experiment into the following categories:

Principal Objectives

1. To prepare the student nurse for the Final State Examination of the General Nursing Council in two instead of three years, while at the same time giving her a more comprehensive training than at present.
2. To enable these students to act as staff nurses in their third year.

Associated Objectives

1. To provide a greater number of trained nurses within the hospital service.
2. To decrease sickness and wastage rates amongst student nurses.
3. To attract greater numbers of students into the profession.
4. To develop student status.

Additional Objectives

1. To produce a more fully educated and mature nurse with scope for greater personality development.
2. To improve the standard of patient care.

¹ See the Assessment Committee's official terms of reference in the Foreword to this report.

EXPERIMENTAL OBJECTIVES FULLY ACHIEVED

434. From the evidence presented in this study there can be little doubt as to the satisfactory achievement of two of these objectives. Firstly, that given control of the student nurse's time, a well-educated and intelligent student can successfully complete this experimental course in two years instead of three (Principal Objective No. 1). Seventy-one out of the seventy-two alternative students who took the Final State Examination of the General Nursing Council for Scotland passed at the first attempt, and the other student who had to re-sit the nursing practical examination was successful at the second attempt.¹ Nor must it be forgotten that the actual content of the alternative students' syllabus was rather wider than the regular course, although the additional subjects had not been included in the Final State Examination.

435. At the same time, however, the special circumstances of this experiment, which made this achievement possible, must be recognised. It has been noted earlier in this report that the alternative students had a considerably higher range of educational and intellectual ability than the control students, so that it still remains uncertain how many of the control or average student nurses in Scotland could undertake this different type of course successfully. It was also observed that, except on two occasions during the three years, the alternative students had a smaller percentage of their group graded C in the re-marked papers than the control students.² These results would indicate that the alternative students had passed the examination by a wider margin of marks, so that presumably a less atypical student group would also be likely to succeed.

436. It has also been shown that the performance of both the alternative and control students in the Final State Examination and multiple choice tests was more closely associated with the educational and intellectual calibre of the students within each group than with the different types of courses they undertook. Admittedly the alternative students of comparable ability performed a little better in the Final State Examinations than the controls, but on the same analysis of the multiple choice tests this trend was reversed, giving the controls a small, but not significant, advantage.³

437. In the case of the specially-designed ward practical tests the findings were different, since neither educational nor intellectual ability appeared to play any part in the standard of performance of either group of students, so that the comparable overall performance of the alternative students in a shorter period of time must almost certainly be attributable to their closer supervision and more adequate clinical instruction on the wards.⁴ This last method of examination was not, however, part of the Final State Examination by which this principal objective of the experiment was being measured.

438. Whilst, therefore, it is accurate to assert that this major objective of the experimental course, to enable students to pass the Final State Examination in two instead of three years, had been accomplished, it has also to be recognised that this achievement was more closely associated with the higher calibre of the alternative students than the difference between the two courses; and although it appears likely as a result of the experimental course that a less atypical group of students could also pass the Final State Examination, no opportunity has so far been afforded of seeing where the cut-off point in terms of ability would be found.

¹ Chapter VIII, p. 62.

² Chapter VIII, Tables Nos. 17, 18 and 19, pp. 65-66.

³ Chapter VIII, Tables Nos. 31-39, pp. 75-78. Chapter IX, Tables Nos. 43-47, pp. 83-84.

⁴ Chapter X, Tables Nos. 50-54, pp. 90-91.

439. The second outstanding accomplishment of this experiment has been the reduction in wastage of students during training (Associated Objective No. 2). This achievement has been attributed to two factors directly related to specific advantages associated with the experimental type of course. Not one alternative nurse has discontinued her course on account of educational unsuitability, whereas this factor accounted for the wastage of 3-4 per cent. of the control students and more than 13 per cent. of the average students in Scotland.¹ This experimental success has been shown to be due to the high educational and intellectual calibre of the alternative students compared with the other two groups, both control and average.² The other aspect of wastage which was notably reduced amongst the alternative students came under the heading of 'dislike of nursing'. This was a broad wastage category covering such causes as dislike of hospital discipline, dislike of hospital conditions and dislike of nursing as a job. Nevertheless, the attrition rate of students for this reason was shown to be nearly four times greater amongst the control and average students than the alternative student nurses.³

440. This improvement in the wastage figures could be regarded as a reflection of the higher ability of the alternative students and the many better conditions and facilities available to them such as shorter hours of work, much less night duty, a better planned and integrated curriculum, more varied syllabus and less responsibility for patient care. It was notable that among the average students in Scotland up to the time of taking the Preliminary State Examination, a higher percentage of the most intelligent group of students had left for this reason of 'dislike of nursing' than in categories two or three of this group.⁴

441. The other causes of wastage listed in Table No. 91 of Chapter XV have been termed the 'unavoidable' factors of wastage and include attrition due to marriage, family, domestic, personal and other reasons. They were so designated because it is probable that such causes will be less amenable to changes in the conditions of nursing education and may always be expected to persist in courses where recruitment is almost entirely dependent upon young women of 18 to 25 years of age. Although none of the alternative students wasted for such reasons, 5 per cent. of the control and 13 per cent. of the average students did so.⁵ It would be rather unwise, however, to predict that an experimental type of course would be likely to eliminate this particular form of wastage. The outstanding success of the experimental course in this respect, must be attributed both to good fortune and also to an 'esprit de corps' which almost certainly kept this type of wastage amongst the alternative students down to a minimum.

EXPERIMENTAL OBJECTIVES PARTIALLY ACHIEVED

442. The other objectives of the new course did not meet with the same high level of success as the two already discussed. The most important of these other objectives was that the alternative nurses should assume the role of acting staff nurses in their third, interne year. As indicated in detail in Chapter XII of this report the analyses of the several observation sessions carried out on their progress during this year were rather disappointing. Neither the first nor the second alternative interne groups equalled the standard of the regular

¹ Chapter XV, Table No. 91, p. 138.

² Chapter XI, Table No. 59, p. 97, and Chapter XV, Table No. 80, p. 131, and Table No. 81, p. 132.

³ Chapter XV, Table No. 91, p. 138.

⁴ Chapter XV, Table No. 89, p. 137.

⁵ Chapter XV, Table No. 91, p. 138.

control staff nurses at any time, despite the fact that the latter groups became more junior as the year progressed and therefore more similar to the alternatives in their length of nursing experience. Fortunately, however, there was some improvement in the standard achieved by succeeding groups of interne nurses, as the second group nearly equalled the controls by the end of the year, and the last group proved themselves just about as competent in the August 1961 observation.¹

443. This finding was all the more surprising in view of the fact that the alternative nurses had performed so well in their qualifying tests and examinations. They had shown, for example, in their ward practical tests, that with much less practical experience in the wards they could equal the standard of the control students, but during the observation sessions in the interne year their marks for 'method and technique' and 'care of patients' hardly ever equalled the control staff nurses. The explanation of this situation appeared to be due to the sudden transition in the role of these alternative nurses from the protected student status to "junior-senior" or acting staff nurse position. Two difficulties resulting from this policy were especially apparent from the comments as well as the marks awarded by the observers.²

444. It was noted, particularly with the first interne group, that there was no planning for the gradual assumption of responsibility by these alternative nurses. Their status and position in the ward team was a variable factor throughout the year, as was the amount of experience in general and specialised departments acquired by them. Some attempt was certainly made to correct this situation for the second and third interne groups, and this may have accounted for their slightly better performance.³

445. It is of interest to recall that the dangers inherent in an unco-ordinated interne year had already been expressed by Miss E. K. Russell when she was commenting on the Canadian two-year courses mentioned earlier in this study.⁴

"This (interne year) could provide an excellent preparation for nursing practice, but this is not necessarily so. The interne will serve as a graduate nurse while the salary which is promised is much lower than the salary which must be paid to a graduate. Further the interne will be much more under authority and compulsion than the graduate. Hence the internship might develop into just another form of cheap nursing labour without educational value."⁵

The position of the Glasgow alternative nurses, who had to complete the third year before gaining official General Nursing Council registration at a salary between the student nurse grant and the pay of a qualified staff nurse, could easily lead to an underestimation of their need for guidance in this third year, and to the development of the dangers noted above.

446. The second major policy defect revealed during this interne year stemmed from the assumption that the alternative nurses were able to undertake the acting staff nurse role throughout this period, or that they would be ready,

¹ Chapter XII, Tables Nos. 61-63, pp. 103-104, Tables Nos. 65-67, pp. 109-110, and Tables Nos. 69-71, pp. 114-115.

² Chapter XII, Discussion of alternative nurses' performance in interne year, pp. 106-107.

³ Chapter XII, Table No. 64, p. 108, Table No. 68, p. 112, and Table No. 72, p. 117.

⁴ Canadian two-year courses carried out at Windsor Hospital, Ontario and Toronto Western Hospital, Toronto. For details see Chapter II, pp. 17-18.

⁵ Miss E. K. Russell—The Report of a Study of Nursing Education in New Brunswick—p. 20.

if they so desired, to move out to specialty hospitals as post-registration students in the second six months of the year. From the evidence available it appeared more feasible to regard the first six months as a preparatory period required for acclimatisation to new duties and responsibilities, and the second six months for the practice of the acting staff nurse role. In any case, as the Assessment Committee had recommended to the Steering Committee during the course of the experiment, it seemed inadvisable for the internes to leave the parent hospital during this third year.

447. The inference to be drawn from the analysis of the interne year was that at the beginning of this period most of the alternative nurses were not prepared to assume the role of acting staff nurse, but that as the year progressed more of them were able to do so. There was also an indication that positive planning was necessary to fit them more rapidly for this role; and when this need is better understood they may yet surpass the performance of the control staff nurses.

448. Another objective of the experimental course, in some respects closely associated with the rate of progress in the interne year, was the development of student status. The formal and specific application of this principle has already been set out in detail, and to a large extent its achievement cannot be denied.¹ No effort was spared to provide for almost complete integration of theory and practice throughout the course. Even when visiting outside hospitals in rotation during the third and fourth terms there was never more than a gap of a week or two between the practical and theoretical tuition in ward and classroom; and the frequent presence of the clinical instructors linking the two aspects of learning bridged any such inevitable time lags effectively. The maintenance of the supernumerary status on the wards for the greater part of the first two years has also been established beyond doubt; and probably most important of all the carefully prepared syllabus of ward experience was maintained throughout the experiment, except where minor changes were made by the Director in order to effect some improvements in the type of experience gained. These developments ensured that for the first time the educational requirements of the students had taken precedence over service needs of the hospital.²

449. At the same time, however, there was some evidence to show that in certain other respects the interpretation of student status was not as fully developed as it might have been. For instance, it has been observed during the evaluation that the alternative students did not have much opportunity of experiencing certain aspects of student status in the classroom. The subjects for study were frequently specified in advance, examinations and tests were more numerous than in the regular course, and the length of the daily programme of work in the classroom showed no improvement on block system used in traditional schools of nursing.³

450. In the practical field there were perhaps signs that student status had been over-stressed in so far as the supernumerary role had been maintained at the expense of opportunities to develop some gradual increase in responsibility for patient care during the first two years. It was also unfortunate that, as foreseen by the Steering Committee, it was impossible to establish any effective

¹ Chapter VI, pp. 38-52, outlines the main differences between the student and apprenticeship methods of training.

² Chapter VI, pp. 38-52.

³ Chapter VI, p. 47, and Table No. 6, p. 49, and Chapter XIV, pp. 124-126. The Opinion of Alternative Nurses.

system of team or patient assignment nursing during this experiment. But such a practice is almost impossible to carry out in a large teaching hospital, where in addition the regular student nurses have also to acquire adequate practical experience.

451. The other aspect of student status which was criticised throughout the experiment related to the restrictions placed upon the development of personal and social maturity. This inadequacy was largely overcome in the interne year, but in the earlier student phase it was apparent that the alternative nurses questioned several of what seemed to them undignified limitations on their freedom of movement and activity in off-duty hours.¹

452. In retrospect such findings are not difficult to understand, as the development of full student status is somewhat alien to the long-standing apprenticeship system of nursing education in this country, and probably could not be achieved all at once. It is also a difficult concept to develop in a situation, such as the experimental one, where the nurse administrators and educators had themselves no first-hand academic experience. This is, however, one of the penalties to be paid for the prolonged estrangement of nursing from the centres of higher education, where the nice balance between personal freedom and academic responsibility has been fully evolved.²

453. Two further experimental objectives to meet with indifferent success were both associated with the endeavour to increase the supply of nurses to the profession. The first one was to increase the number of students coming into nursing. Despite what appeared to be reasonably effective publicity in Glasgow itself, which is by far the biggest population centre in Scotland, and in certain schools in other parts of Great Britain, there was a strange numerical dearth of applications, although qualitatively those which were made were of high order. It is possible, however, that such publicity as there was did not suffice to combat the effects of the temporary nature of the experiment, and the fact that it will take some time for its purpose and methods to be fully understood.

454. It is also evident from the atypicality of the alternative groups of students that there can only be a limited number of such young women interested in nursing at any time; but it was especially disappointing that more than a third of the students for the third alternative group had to be transferred from the candidates selected for the three-year course in Glasgow Royal Infirmary. These were just the higher calibre applicants who could have been expected to apply for the alternative course.³ It would, however, be unwise to condemn this objective as unsuccessful after only three years of experimentation.

455. The second of these quantitative objectives was to increase the number of trained nursing personnel. This too has to be regarded as unsuccessful so

¹ Chapter XIV, pp. 124-129.

² The difficulties facing nurse educators in establishing an independent school of nursing was envisaged many years ago by Miss G. B. Carter:

"The administration of a nurse training school presents difficult problems when it is separated from the hospital, and is no longer responsible for providing most of the labour. It might be necessary in the early days to go outside the nursing profession to find an educationist to take charge of the educational side of the experiment because of the desirability of envisaging the education of nurses as a special aspect of the general question of higher education and breaking down the barrier between nursing and other professions. In time nurses would receive a more thorough grounding in educational principles; or young university graduates might train in nursing and bring in a more objective attitude than the girl who starts training as a nurse very young and without previous experience of life."

G. B. Carter—*New Deal for Nurses*, 1939, pp. 173-174.

³ Chapter VII, pp. 58-62.

far in most respects. As it has already been pointed out, there is little reason to anticipate that the present trend amongst the alternative nurses, of leaving within a few months of completion of the interne year, will be reversed in view of the present social trend towards earlier marriage and the professional interests of taking a post-certificate course or working abroad.¹ This difficulty has been well demonstrated by the Dan Mason Research Committee's investigation into the occupations of recently qualified staff nurses.² There is no particular reason why the alternative nurses should not disperse themselves in a similar way after completing the third year of their course. The most salutary aspect of this situation is that the services of the alternative nurses are at least guaranteed for the interne year when, even if only quasi-staff nurses, they are available to the hospital as senior members of the ward team.

THE DIFFICULTY OF ASSESSING THE ADDITIONAL EXPERIMENTAL OBJECTIVES

456. Of the non-measurable additional objectives, such as the development of fuller professional maturity and improvement of patient care, little concrete evidence can be adduced at this stage. By their nature these objectives imply a long-term process of development. All that can be suggested now is that the analyses of student status and the interne year have cast some immediate doubt on the development of greater maturity among the alternative nurses; but final judgment should be suspended until a long-term understanding of their capabilities and contribution can be assessed. The same criteria also apply to any evaluation of the improvement of patient care. In the absence of an effective attempt at team nursing the accomplishment of this particular objective will also depend on the quality of nursing service provided by the alternative nurses in the future.

II. The Possible Extension of the Alternative Method of Training

457. The Committee believe that to some extent this question has been answered as a result of the evaluation of the immediate experimental objectives. For instance it has been shown that this shorter training can be conducted successfully with the right type of student; and that many more of them complete the course than is the case among the average students in Scotland. Nor can there be any doubt that in many respects the new course proved more satisfying to the students with its careful integration of theory and practice and the wider syllabus offered. Even where some disadvantages have been noted, such as the incomplete interpretation of student status, and the long process of orientation necessary in the interne year, there is every possibility that such defects can be corrected by relatively simple adjustments in the method of administration and the detailed planning of the course. The continuation of the alternative method of training, subject to making the necessary adjustments, would also help to verify the attainment of certain other objectives, such as the attraction

¹ Chapter XIII—The Follow-Up Study, Tables Nos. 76–79, pp. 121–123.

² "Over 57 per cent. of the full-time staff nurses intended to leave their present positions within a year. . . . Further training was to be undertaken by 31 per cent. of this group, the majority of whom were going to enter midwifery schools. . . . Marriage was the next greatest cause of loss of staff nurses; just over 16 per cent. of the single staff nurses planned to marry."

The Work, Responsibilities and Status of the Staff Nurse. Report published by the Dan Mason Nursing Research Committee of the National Florence Nightingale Memorial Committee, London, 1960, p. 10.

of more students into the profession, which have been difficult to determine precisely after only three intakes.

458. But the other crucial consideration in assessing the possibility of extending the experiment beyond the confines of one hospital and one atypical group of students must depend on the suitability of this course for much larger numbers of student nurses in Scotland. For this reason the second aspect of the evaluation investigation has been concerned with an attempt to estimate the number of average students in Scotland who would be likely to succeed in the experimental type of training.

THE NUMBER OF AVERAGE STUDENTS SUITABLE FOR THE ALTERNATIVE METHOD OF TRAINING

459. On the basis of the performance of the average student nurses discussed in Chapter XV, it seemed probable that the top third of these students, who were placed in category 1 on account of their education and intellectual ability, would have a reasonable chance of succeeding in the experimental type of course; whereas it was equally considered unlikely that the third of the average students in category 3, all of whom had an Otis Intermediate Intelligence quotient of less than 100, would be suitable candidates.¹ It would be unwise to state categorically that none of these students would succeed in the new course; but in view of all the evidence provided that most of them just passed the Preliminary State Examination, that they took significantly longer to do so, and that a higher percentage of them left on account of educational unsuitability, their ability to undertake a more intensive and comprehensive course must be seriously questioned.² It will also be recalled that the control students with an intelligence score of less than 100 in the N.I.I.P. Group Test 33 had, almost without exception, achieved much poorer results in their theoretical tests than their better qualified colleagues.³

460. If the new course had relied on practical assessment alone, such as the ward practical tests carried out especially for this evaluation, then the prospects of the category 3 students would be good, because it appeared that educational and intellectual ability had no effect upon this test for either the alternative or control students. On this basis it would seem that the category 3 students might well achieve the clinical expertise required as well as the other better educated students.⁴

461. The category 2 average students, are, however, the most difficult group to assess, and it is considered that somewhere in this group the cut-off point would be found. It is not easy to see how the facilities and requirements of the new course would affect this group. Firstly, it has been noted that the experimental method is more demanding academically in so far as more theory has to be learned in a much shorter period of time and additions have also been made to the basic syllabus. Secondly, it has also been shown that the new course provides many advantages such as shorter working hours, an integrated programme with more supervision available and less responsibility for patient care. These differences might enable some of these intermediate grade students to achieve better results than they can do in the traditional pattern of training.

¹ Chapter XV, pp. 133-136.

² Chapter XV, Tables Nos. 84 to 88, pp. 135-136, and Table No. 89, p. 137.

³ Chapter VIII, Tables Nos. 34 and 36, pp. 76, 77, and Chapter IX, Table No. 45, p. 83.

⁴ Chapter X, Tables Nos. 50 to 54, pp. 91-93.

462. It can only be noted again, however, that in the evaluation of the alternative and control groups it has been shown that educational and intellectual ability tended to have more influence on the students' performance in theoretical tests than variations between the two courses. This would seem to indicate that the intensity of the new course might be a more important factor than the better conditions provided in cases where the intellectual borderline is being reached.¹

463. It was certainly unfortunate that the alternative students who participated in this experiment were so highly atypical compared with the average intake in Scotland as a whole; and until the new course is undertaken by an unselected group of students the exact proportion of them able to succeed will not be known.

OTHER FACTORS AFFECTING THE EXTENSION OF THE ALTERNATIVE METHOD OF TRAINING

464. There has been another recent development in nursing policy in England and Wales which is likely to affect the calibre of student accepted for general training in the near future, and has a direct bearing on the application of the alternative method of training on a national basis. As from July 1962, would-be student nurses in England and Wales will be required to possess certain entrance qualifications before being admitted to a training school. They must have at least two passes at ordinary level in the General Certificate of Education (one of which must be English or Welsh language) and have had five years of senior secondary education, or have attended a pre-nursing course and passed Part I of the Preliminary State Examination of the General Nursing Council. Failing such qualifications candidates will have to pass an intelligence test devised for this purpose by the Council.² Similar regulations have also been passed by the Secretary of State for Scotland, and will be implemented by the Scottish General Nursing Council in the near future. It has been laid down that:

"The standard shall be a national one and the Ordinary Grade Examination of the Scottish Certificate of Education, which will be conducted for the first time in May 1962, will be the minimum standard of education required by students leaving school after that date. The Council will accept a candidate holding the Ordinary Grade Examination in at least two subjects, namely, English Language and Arithmetic or Mathematics or an equivalent Educational Certificate acceptable to the Council.

"It is appreciated that for some time a number of otherwise suitable candidates may not hold this certificate, therefore, the Council will require these candidates before entering training to enter for and successfully pass an Educational Test approved by the Council".³

465. The effect of these new entrance standards may be to eliminate the category 3 type of student at present being admitted for training as professional nurses, so that in the near future it is possible that the average and alternative

¹ Chapter VIII, Tables Nos. 31-39, pp. 75-78, and Chapter IX, Tables Nos. 43-47, pp. 83-84.

² The Nurses (Amendment) Rules, Approval Instrument, 1960, No. 409.

³ Letter sent by Scottish General Nursing Council to all authorities responsible for the training of student nurses, May 1961.

student nurses will become more homogeneous. In these circumstances nearly all the average students would have a more reasonable expectation of undertaking the experimental method of training successfully. The heavy rate of educational wastage already indicated among the category 3 average students would probably be almost eliminated, so that a much higher percentage of the more carefully selected students would complete the course.

466. Such drastic changes in the recruitment and education of student nurses as are envisaged in this discussion would of course also entail considerable reorganisation and expansion of the pupil and auxiliary nursing services in this country, since it will be recalled that the student taking the alternative type of course, even in three years, gives very much less nursing service to the hospital than the regular student now does in the same period of time.¹ As far as can be judged from evaluation statistics it would appear that perhaps about half of the present average student nurses in Scotland might attempt the alternative type of course; and in this case the annual intake of students in Scotland, exclusive of the psychiatric hospitals, might be reduced from about two to one thousand per annum. Such a reduction would mean that the current recruitment of pupil nurses which was only 427 for the whole of Scotland in 1959 would have to be greatly increased.² There is also no doubt that these developments would necessitate the employment of more qualified nurses, although quite a considerable amount of supervisory work could be undertaken by the alternative nurses themselves in the latter part of the interne year.

467. Similarly the introduction of this new type of course would have far-reaching and probably highly beneficial effects on the number of student nurse-training schools now in existence, and would greatly facilitate the concentration of nurse-tutors into smaller, better-staffed units. One serious question to be faced here would be the ability of the profession as at present organised to provide sufficient nurse-tutors and clinical instructors to meet the inevitable demands of this new method of training. It is, however, beyond the terms of reference of this Committee to outline the future development of nursing education; but it cannot be emphasised too strongly that the extension of the alternative method of training would necessitate certain far-reaching and long overdue alterations in the present system.

III. The Contribution of the Glasgow Experiment to the Development of Nursing Education

468. Having to the best of their ability attempted to interpret their terms of reference in respect of the nursing evaluation of this new course, the Committee would like to end this discussion by considering what was perhaps the most important underlying purpose of the Glasgow experiment—to establish a more satisfactory balance between nursing education and service than has existed previously. This was the problem which had beset the nursing profession in North America and Britain, as indicated in the introductory chapters of this report. It could be said that the primary objective of the Glasgow experiment was to educate student nurses *for* service rather than *by* service, and the extent to which a correct balance has been established between these factors will be the ultimate measure of the value of the new course.

¹ Chapter VI, Table No. 7, p. 50.

² The number of pupil nurses taking the two-year course was recorded as 427 in the year 1959. Scottish Health Statistics, Department of Health for Scotland, August 1960.

469. At this time it is only possible to look at the short-term results achieved; and these have shown that up to the time of passing their qualifying examinations the alternative students' performance was rather better than the controls'.¹ In addition the notable reduction in wastage during this phase of the course also indicated the benefits to be derived from the new method of nursing education.² In both these achievements the Glasgow course closely resembled its North American prototypes already discussed earlier in the evaluation. Only in respect of improving the recruitment of candidates was the outcome of the Scottish course apparently less satisfactory.³

470. After the completion of the Final State Examination, however, the outcome of the experiment was different; and the performance of the alternative nurses in their interne year led to the inevitable conclusion that they were less competent than the control staff nurses. In reaching this unexpected conclusion the Glasgow experiment finds itself in a position of incomparability because, as previously indicated, no systematic attempt had been made to evaluate this last phase of the similar North American courses.

471. The reason for such a development has had, therefore, to be sought solely on the evidence provided in this evaluation, which has indicated that, despite a serious attempt by the curriculum planners to balance the students' educational and service needs in the experimental course, this requirement had not been adequately met at all stages; and that in some respects the traditional method of training provided advantages now excluded or reduced in the new course. Such a possibility appears at first unlikely in view of the additional facilities available to the alternative nurses, but on closer inspection of the findings based on the all-important interne year it becomes reasonably certain that the greater success of the control staff nurses was especially attributable to two factors which were traditional features of the regular course.

472. The first of these was that the regular students had to assume greater responsibility for patient care as their course progressed. More frequently than not third-year students have deputised for the ward sister by day and been in full charge of a ward by night before taking their Final Examination.⁴ This is part of the apprenticeship system which has been stated to place undue responsibility upon trainees, and has been severely criticised for many years.

473. In contrast to this situation the almost total lack of responsibility assumed by the alternative nurses before taking their Final State Examination has also been illustrated, with the result that the sudden change in their status at a late stage in their course has handicapped their ultimate progress more than the nurses trained by the traditional method. The usual routine of introducing a student nurse to responsibility before she becomes a staff nurse was not available to the alternative nurses, as except for a few weeks in the fifth and sixth terms they did not have an opportunity of integral membership of the ward nursing team.

474. Another differentiating feature of the experimental course was the minimal amount of night duty expected of the alternative students, and at no time during this phase of the course were they left in charge of the ward. The over-rapid assumption of responsibility for the care of patients by junior student nurses at night is to be deplored, but equally if they are gradually

¹ See Analyses of Routine and Specially Designed tests described in Chapters VIII, IX and X.

² Chapter XI, Table No. 58, p. 96.

³ Chapter VI, pp. 60-61.

⁴ Chapter VI, pp. 38-52.

introduced into the situation a few months before taking their Final State Examination it provides valuable experience and develops their confidence as nothing else can. It will also be recalled that these alternative nurses themselves had stressed the need they felt to assume greater responsibility for patient care before entering their interne year, and had suggested that more time spent on night duty would have been beneficial.¹

475. The second feature of the traditional course, which, according to the data available on the interne year, contributed to the better performance of the control staff nurses, was the much greater amount of clinical experience available in the regular course over a longer period of time.² Again, the bogey of repetition in the basic nursing course has been raised frequently in recent years and has been one of the cornerstones upon which this whole experiment was built. Nevertheless, some of the difficulties of the alternative nurses in their interne year were certainly due to lack of rather than excessive repetition of nursing tasks and contact with patients.³

476. It is evident that these two principal defects in the experimental course—lack of progressive responsibility and clinical experience—were the outcome of an intentional and understandable swing of the pendulum away from the 'evils' of the apprenticeship form of training. But it may well be that in their desire to rectify such faults and to educate students *for service* rather than *by service* the curriculum planners have over-emphasised the theoretical at the cost of the practical aspect of the course.

477. In preparation for a profession such as nursing, however, there should probably be no arbitrary division between theory and practice. The full development of the former will depend upon the adequate incorporation of the latter. A warning of the need to establish an equilibrium between the theoretical and practical content of the course was mentioned not only in the Lancet Commission Report in 1932, but later in the Report of the Horder Committee of 1943, when it was recommended that:

"There is nothing incompatible between apprenticeship and studentship, as witness the training of engineers. The nurse trainee must, however, be a student first and an apprentice second. She has much ground to cover in a limited period. Her training must be planned so that she obtains a regular sequence of practical experience, so that she spends sufficient time on routine tasks to understand and perfect herself in their performance."⁴

478. The conclusion to be established from this discussion is that the optimum form of basic nursing education probably lies somewhere between the traditional and experimental patterns; and that if a correct balance of the two systems can be established it is likely that, given suitable candidates, the difficulties currently encountered both in the student and interne phases of the alternative course would disappear.

479. It is pertinent to recollect that a century ago Florence Nightingale had discovered two principles of nursing education which have been proved valid again as a result of this experiment: one was that although nursing can provide satisfaction and employment for women of a wide range of talent and ability,

¹ Chapter XIV, pp. 124-129.

² Chapter VI, Table No. 7, p. 50.

³ Chapter XII, pp. 98-119.

⁴ Nursing Reconstruction Committee of the Royal College of Nursing—The Report on Education and Training, Section II, p. 12.

only a certain number of them will be capable of undertaking full professional training and responsibility. The other of even greater importance was the emphasis she placed upon the necessity of balancing carefully the amount of theoretical instruction and practical bedside experience made available to the trainee nurse. Although the times and the syllabus have changed out of recognition, the nursing profession in Scotland, and elsewhere, is indebted to this experimental course conducted in Glasgow Royal Infirmary for the opportunity of relearning these elementary principles of basic nursing education.

480. The Assessment Committee would like to conclude this part of their report by putting on record their high esteem of all the people—nurses, doctors and administrators—who had the foresight to undertake this experimental course. In this evaluation report every effort has been made to be objective, basing both approbation and criticism, as necessary, on factual data. Only in this way has it appeared to the Committee that full justice could be done to such an important landmark in the history of nursing education.

Part 8. The Financial Evaluation of the Glasgow Experiment

CHAPTER XVII

A COMPARATIVE COSTING OF THE ALTERNATIVE AND REGULAR METHODS OF NURSING EDUCATION

481. In this chapter an attempt has been made to get as near as possible to the actual cost of this experiment in terms of training the alternative and regular type of student, and some of the difficulties involved in carrying out this aspect of the assessment are mentioned where necessary. One of the main problems associated with this financial evaluation has been that the actual cost of training the small experimental groups would probably be altered if this type of course were to be officially adopted, with much larger numbers of students being trained by this method and, possibly, forming part of the normal staffing requirements of the hospital. The imponderables of this situation were not directly within the Assessment Committee's terms of reference, but some allowance has been made for such a change in policy by attempting a hypothetical costing analysis, the results of which are referred to later in this chapter.

482. Throughout the course of this experiment, assessments have been made of the cost of training the alternative and central students respectively. At certain stages of the experiment, the costs of the alternative group were affected by the need to maintain a full establishment of instructional and other staff for less than the full complement of students. In the year 1958/59, however, these costs were spread over alternative groups at all stages of training and in this respect, therefore, were on the same basis as the costs for the control groups. For this reason and because wages and prices increased appreciably during the period of the experiment, we consider that the costs which can be

most equitably compared are these which relate to the training year 1958/59. Accordingly, Tables Nos. 93 and 94 show the estimated costs of training the control and alternative groups of students for the year from September 1958 to August 1959, and, in the special case of students who continue into part of the fourth year of training, for the period immediately subsequent to August 1959.¹

483. The costs shown in Tables Nos. 93 and 94 have been based, so far as possible, on the actual expenditure relating to the different groups of control and alternative students, although in certain instances (e.g. certain charges for board, lodging and maintenance) it has been necessary to estimate the proportion of hospital expenditure which is appropriate to nurse training. The following notes indicate the expenditure covered by the costs shown in Tables Nos. 93 to 95.

Student's Remuneration.	Training allowances (gross) and employer's share of National Insurance and Superannuation contributions.
Board, Lodging and Maintenance (Net).	Board, lodging, laundry and uniforms, <i>less</i> the payment by students to the hospital for these services.
Instructional Staff.	Gross salaries (including National Insurance and Superannuation) and net board and lodging expenditure (as above) of tutorial and instructional staff and lecture fees.
Other Training Expenses.	Rates, heating, lighting and cleaning of training premises, office and travelling expenses. (Nothing has been included for depreciation or capital expenditure or for administrative overheads.)

484. The above heads of expenditure make up the gross cost of training from which falls to be deducted the estimated value of the student's services to the hospital in the course of training, to provide the net cost of training.

485. The value of a student's services has been estimated on a "replacement" basis, i.e. assuming students' services to be no longer available and their work being undertaken by other staff. The grade most likely to be employed in these circumstances would be that of nursing auxiliary and consequently the value of a student's services has been based on an appropriate average gross salary (including National Insurance and Superannuation) of a nursing auxiliary. This figure (£428 per annum) is, in fact, very close to the estimated cost of paying and maintaining a student nurse, as can be ascertained from Table No. 93.

486. Table No. 93 shows the estimated training costs of one student from each of the control and alternative groups, on the basis of the average number of students under training throughout each year. Over the whole period of training this table shows that the gross cost of training a student nurse in the alternative groups was £65 per student more than the corresponding cost for a student in the control groups.

487. In Table No. 94 the figures given in Table No. 93 have been adjusted for "wastage", i.e. the costs are shown per trained nurse completing the course. On this basis the gross cost of producing a trained nurse was virtually the same for both groups, the cost per trained nurse in the alternative groups being only £2 less than the corresponding cost in the control groups.

¹ Tables Nos. 93, 94 and 95 are given at the end of this chapter.

488. The most important financial distinction between the control and alternative groups lies, however, not in the direct cost of training, but in the value of the services which the students give to the hospital in the course of their training. It is a condition of the experimental scheme that "students should have genuine student status; that is to say they should not form part of the normal staffing requirements of the hospital". Consequently, although students in the alternative groups undertake certain duties in wards and departments during the first two years of training, no "replacement" value has been put on their services for this period. On this basis, therefore, both Tables Nos. 93 and 94 show that the net cost of training a student nurse in the alternative groups substantially exceeds the corresponding cost for the control groups. In this case, the difference resulting from the different methods adopted in Tables Nos. 93 and 94 is not very significant, the additional net cost of training by the alternative method being £791 per nurse under training or £777 allowing for wastage.

489. In both Tables Nos. 93 and 94, the comparison of costs is affected by factors which may have little or no connection with the training methods employed, e.g. differences in board and lodging costs, or by factors where the effect of the actual training methods is uncertain, e.g. difference in sickness and "wastage" rates. In Table No. 95 an attempt has been made to discount these factors which may be wholly or partly irrelevant and a broad comparison has been made between the estimated costs of training by the traditional method and the hypothetical costs if all nurses were trained by the alternative method. In preparing these estimates, it has been assumed that expenditure on board and lodging and on other training expenses would be approximately the same by either method, and while this may not be true, it is unlikely that any difference in costs under these heads would significantly affect the results. In Table No. 95 the net additional cost of training by the alternative method is estimated on the basis of 1958/59 costs at £754 per student and therefore shows results which do not differ widely from those brought out in Tables Nos. 93 and 94.

490. On the basis of the figures in Table No. 95, the additional net cost per student per annum, if the alternative method were to be employed throughout Glasgow Royal Infirmary, would be approximately £250 and the additional expenditure at this hospital, assuming an average student population of 450, would be in the region of £112,500. The annual expenditure at the Glasgow Royal Infirmary in 1958/59 on nursing salaries (including training) was approximately £242,000 and an additional £112,500 would represent an increase of about 46 per cent. In terms of total hospital and training expenditure (approximately £995,000) the measure of increase would be about 11 per cent.

491. If the present standards of ward staffing were to remain substantially unchanged, and if the alternative method of training were to be adopted on a wide scale, it would appear that increases in expenditure of the measure indicated above would be inevitable, unless students in their first and second years were to form part of the working establishment of the hospital. Alternative group students in the course of their first two years of training provide services to the Glasgow Royal Infirmary and other hospitals on a supernumerary basis and this has been evaluated at about £150 per student in the first year and about £300 in the second year. If the value of this service were to be taken into account, the total net additional cost of training by the alternative method would be reduced to approximately £300 per student, i.e. about £100 per annum over three years' training.

492. There would, however, be very considerable difficulties in staffing wards by students in training under the alternative method, the entire course having been designed on the basis that students would not form part of the normal staffing requirements of the hospital. Consequently, it has not been practicable to make any firm estimate of the possible "replacement" value of services which might be provided if all first- and second-year students were to be trained by the alternative method and were also to form part of the hospital's normal staffing requirements.

493. The foregoing financial assessment of the Experiment may be summarised as follows, based on costs in 1958/59:

1. The training of students by the alternative method costs approximately an additional £250 per student per year.
2. If it were possible to staff wards by students training under the alternative method these additional costs would be reduced, the minimum additional cost in these circumstances being about £100 per student per year.

ESTIMATED COSTS—1958/59

First year of Training Second year of Training Third year of Training Fourth year of Training Complete period of Training Additional Costs of Training by Alternative Method

TABLE 93. Comparison of Estimated Training Costs of Alternative and Control Students—Ignoring the Effects of Wastage

	Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Student's Remuneration	310	309	329	319	389	337	37	134	1,065	1,099						—34
Board, Lodging and Maintenance (net)	94	136	86	116	40	79	2	18	222	349						—127
Instructional Staff	102	29	69	11	19	7	—	3	190	50						140
Other Training Expenses	75	25	44	14	19	12	—	1	138	52						86
Gross Cost	581	499	528	460	467	435	39	156	1,615	1,550						65
Value of Student's Services	—	313	—	344	399	376	39	131	438	1,164						726
Net Cost	581	186	528	116	68	59	—	25	1,177	386						791

TABLE 94. Comparison of Estimated Training Costs of Alternative and Control Students—Adjusted for Wastage

	Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control		Alternative Control	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Student's Remuneration	319	344	332	336	389	343	7	134	1,077	1,157						—80
Board, Lodging and Maintenance (net)	97	151	87	122	40	80	2	18	226	371						—145
Instructional Staff	105	33	70	12	19	7	—	3	194	55						139
Other Training Expenses	77	28	44	15	19	12	—	1	140	56						84
Gross Cost	598	556	533	485	467	442	39	156	1,637	1,639						—2
Value of Student's Services	—	341	—	363	399	382	39	131	438	1,217						779
Net Cost	598	215	533	122	68	60	—	25	1,199	422						777

ESTIMATED COSTS—1958/59

TABLE 95. *Comparison of Estimated Costs of Training under the Traditional Method with the Hypothetical Costs arising if all Students were to be trained by the Alternative Method*

	Traditional		Hypothetical		Traditional		Hypothetical		Traditional		Hypothetical	
	£	£	£	£	£	£	£	£	£	£	£	£
Student's Remuneration	322	322	339	339	360	403	1,021	1,064	43	43	—	—
Board, Lodging and Maintenance (est)	110	110	110	110	80	80	300	300	—	—	—	—
Instructional Staff	50	29	47	11	2	10	50	99	49	49	—	—
Other Training Expenses	25	25	14	14	13	13	52	52	—	—	—	—
Gross Cost	507	486	510	474	463	498	1,423	1,515	92	92	—	—
Value of Student's Services	—	327	—	370	380	415	1,077	415	662	662	—	—
Net Cost	507	159	510	104	83	83	346	1,100	754	754	—	—

In these tables no value has been placed on services provided by alternative students on a supplementary basis during the first and second years of training.

Part 9. Appendices

APPENDIX I

A Day's Programme at Clevedon Road during the Second Term—(2nd intake of alternative students)

- 9.00 a.m.—Applied Anatomy and Physiology of the Renal Tract—lecture given by sister tutor. (26 students)
9.45 a.m.—Tea break.
10.15 a.m.—Preparation for practical demonstration.
Administration of Enemata—(12 students).
Application of hot and cold wet packs—(14 students).
11.45 a.m.—Film on Colostomy Dressing.
12.30 p.m.—Lunch.
1.15 p.m.—Counselling and personal study period—(26 students).
3.00 p.m.—Tea break.
3.15 p.m.—Surgeon's Lecture—Herniorrhaphy—(26 students).
4.30 p.m.—Elementary Pharmacology—lecture by sister tutor—(26 students).
5.30 p.m.—Off-duty.

A Day's Programme at Clevedon Road during the Third Term—(2nd intake of alternative students)

- 8.45 a.m.—Lecture on Paediatric Nursing by sister tutor—(26 students).
9.30 a.m.—Lecture on Pharmacology by sister tutor—(26 students).
10.15 a.m.—Tea break.
10.30 a.m.—Orthopaedic Nursing Procedures—report reading.
11.45 a.m.—Presentation of four case histories on the following subjects:—
(i) infant with congenital hypertrophic pyloric stenosis;
(ii) infant with staphylococcal pneumonia;
(iii) three-month old baby with cleft palate;
(iv) ten-year old child with chorea.
12.30 p.m.—Lunch.
1.45 p.m.—Lecture on Ward Administration by sister tutor—(26 students).
2.00 p.m.—Pharmacology lecture by Pharmacologist.
3.15 p.m.—Tea break.
3.30 p.m.—Orthopaedics and orthopaedic nursing by orthopaedic surgeon.
4.30 p.m.—Report reading by students.
5.30 p.m.—Off-duty.

A further half day was also spent at Clevedon Road in the third term to hear presentation of case histories completed by alternative students during their experience in Public Health Visiting and District Nursing. Case histories were presented on the following subjects:—

- (i) The problems of lonely people.
(ii) Tuberculosis in the home.
(iii) Backward and mentally defective children.
(iv) The nursing care of old people at home.
(v) The welfare of children under five.

A Day's Programme at Clevedon Road during the Fourth Term

- 8.45 a.m.—9.45 a.m.—Written test paper—ear, nose and throat diseases.
9.45 a.m.—Tea break.
10.00 a.m.—11.30 a.m.—Practical Demonstrations by Clinical Instructors:—
ophthalmic procedures—(12 students);
ear, nose and throat procedures—(14 students).

11.30 a.m.—12.10 p.m.—Lecture by Psychiatric Occupational Therapist.
 12.10 p.m.—12.30 p.m.—Return of test papers of previous week on the subject of Dermatology.
 12.30 p.m.—Lunch.
 2.00 p.m.— 3.30 p.m.—Practical demonstrations (as above) for both groups of class—by Clinical Instructors.
 3.30 p.m.—Tea break.
 4.00 p.m.— 5.15 p.m.—Presentation of Ophthalmic Case Histories.
 5.15 p.m.—Off-duty.

A Day's Programme at Clevedon Road during the Fifth Term

9.00 a.m.—10.00 a.m.—Test paper (excepting 8 students on night duty).
 10.00 a.m.—Tea break.
 10.10 a.m.—10.45 a.m.—Lecture by tutor on Infectious Diseases.
 11.00 a.m.—11.45 a.m.—Practical demonstration—(9 students).
 Revision of basic nursing procedures—(9 students).
 11.50 a.m.—12.15 p.m.—Presentation of Case Histories.
 12.15 p.m.—Lunch.
 1.45 p.m.— 2.30 p.m.—Practical demonstration—(9 students as in morning).
 2.45 p.m.— 3.15 p.m.—Lecture by tutor on Typhoid Fever—(18 students).
 3.15 p.m.—Tea break.
 3.45 p.m.— 4.15 p.m.—Project planning and assignment—(18 students).
 4.20 p.m.— 5.15 p.m.—Consideration of General Nursing Council papers and planning of answers.
 5.15 p.m.—Off-duty.

Observation Timetable

TERM I
(December 1958)

3rd intake of alternative students	Medical and Surgical Wards (Glasgow Royal Infirmary)	1 day
	Clevedon Road	1 day

TERM II
(March 1958)

2nd intake of alternative students	Medical Wards (Glasgow Royal Infirmary)	1 day
	Surgical Wards (Glasgow Royal Infirmary)	1 day
	Clevedon Road	1 day

TERM III
(June–August 1958)

2nd intake of alternative students	Sick Children's Hospital, Glasgow	1 day
	Maternity Hospital, Glasgow	2 days
	Gynaecology Wards (Glasgow Royal Infirmary)	1 day
	Clevedon Road	1½ days

TERM IV
(November 1958)

2nd intake of alternative students	Mental Hospital, Glasgow	1 day
	Eye Infirmary, Glasgow	1 day
	Dermatology and Ear, Nose and Throat Wards (Glasgow Royal Infirmary)	1 day
	Clevedon Road	1 day

TERM V
(February 1959)

2nd intake of alternative students	Infectious Diseases Hospital, Glasgow	1 day
	Medical and Surgical Wards (Glasgow Royal Infirmary)	1½ days
	Clevedon Road	1 day

TERM VI
(June 1958 and 1959)

1st and 2nd intake of alternative students	Medical and Surgical Wards (Glasgow Royal Infirmary)	2 days
	Clevedon Road	1 day

APPENDIX II

(a) *Multiple Choice Revision Test presented to the Alternative and Glasgow Royal Infirmary Control Students in September 1958*

Please complete this page and then read the instructions before beginning the test.

1. *Student's Full Name:* (in block letters)

2. *Name of Training School:*

3. *Date:*

INSTRUCTIONS

1. Listen carefully to the directions which will be given to you before this Test begins. When you are told to begin, answer the questions as quickly and as carefully as you can.
2. Begin at the beginning and go straight through.
3. If after trying a question you find you cannot answer it, don't lose time, but go on to the next.
4. When you finish one page, go on to the next.
5. You may do any rough working at the side of the page if you wish.
6. You will have 45 minutes and you will be told the time every quarter of an hour. Do as much as you can in the time allowed. Accuracy is important, but should you finish them all in less than 45 minutes you can go over them again.
7. Make any alterations in your answers *clearly*.
8. Ask no questions at all.

I. Place a cross (×) by the correct answer in each of the following sections of this question.

(a) normal blood sugar is:

- 40 mgm./per 100 ml. to 80 mgm./per 100 ml.
 80 mgm./per 100 ml. to 180 mgm./per 100 ml.
 100 mgm./per 100 ml. to 200 mgm./per 100 ml.
 180 mgm./per 100 ml. to 280 mgm./per 100 ml.

(b) normal red cell blood count in an adult is:

- 1,000,000 per cub. mm.
 2,000,000 per cub. mm.
 4,000,000 per cub. mm.
 5,000,000 per cub. mm.

(c) normal white blood count in an adult is:

- 1,000—2,000 white cells per cub. mm.
 2,000—6,000 white cells per cub. mm.
 6,000—10,000 white cells per cub. mm.
 10,000—15,000 white cells per cub. mm.
 15,000—30,000 white cells per cub. mm.

(d) Complete the missing word in each sentence.

- An abnormally low blood sugar causes a coma.
 An abnormally high blood sugar causes a coma.
 A severe deficiency of haemoglobin causes
 An abnormally high percentage of red blood cells causes
 An abnormally low white blood count is called a
 An abnormally high white blood count is called a
 A temporary cessation of respirations is called
 Difficult or painful breathing is called

2. Six of the positions listed in Column B give the correct situation of the heart structures mentioned in Column A. Indicate this relationship by picking out the correct position for each structure and placing the answer in the space provided in Column B.

EXAMPLE:—This following example has been done for you.

No.	Column A	Column B
1	bundle of His	between right auricle and right ventricle
2	sino-auricular node	between right ventricle and left ventricle
		in right auricle between inferior and superior venae cavae
		between mitral valve and ventricles

Place
correct
no. here

1

2

Do all the others listed below in the same way.

No.	Column A	Column B
1	pulmonary semilunar valve	between myocardium and pericardium
2	right ventricle	between tricuspid valve and pulmonary artery
3	aortic semilunar	between pulmonary artery and mitral valve
4	left auricle	between right ventricle and pulmonary artery
5	tricuspid valve	between myocardium and chambers of the heart
6	endocardium	between right ventricle and pulmonary veins
		between pulmonary veins and mitral valve
		between left ventricle and pulmonary veins
		between right auricle and right ventricle
		between mitral valve and pulmonary artery
		between left ventricle and aorta
		between right auricle and left auricle

Place
correct
no. here

3. Read through the following list of terms and place a cross (x) by ANY of them which are used to describe parts of the kidney.

sinusoid	pons varolii
hymen	diverticulum
medulla	alveoli
capsule	calyx
papilla	pelvis
tubule	villi
hilum	cortex
diaphysis	infundibulum
capillary	glomeruli

4. Each drug listed in Column A produces ONE or TWO of the reactions listed in Column B. Link up each drug with its specific reaction or reactions by placing the corresponding number or numbers in the spaces provided in Column B.

No.	Column A	Column B	Place correct no. or nos. here	
1	dicoumarol	increases blood clotting time	.....	.....
2	heparin	decreases uterine contractions	.....	.....
3	vitamin K	decreases prothrombin concentration in blood	.....	.....
4	prostigmine	raises blood pressure	.....	.....
5	ergometrine	increases peristalsis and muscle contraction	.....	.....
6	quinidine	decreases regularity of heart beat	.....	.....
7	pethidine	stimulates central nervous system	.....	.....
8	hyoscine	decreases blood clotting time	.....	.....
9	strychnine	lowers blood pressure	.....	.....
10	noradrenaline	promotes uterine and bladder contractions	.....	.....
		reduces sensitivity to pain	.....	.....
		increases regularity of heart beat	.....	.....
		relaxes bronchioles	.....	.....
		depresses central nervous system	.....	.....
		increases sensitivity to pain	.....	.....
		increases uterine contractions	.....	.....
		increases prothrombin level of blood	.....	.....
		constricts bronchioles	.....	.....

5. ONE of the conditions listed in Column B is specifically associated with the abnormal functioning of one of the glands listed in Column A. As in the last question, link up the appropriate disease and gland by placing the correct number in Column B.

No.	Column A	Column B
1	parathyroid	acromegaly
2	anterior pituitary	hirsutism
3	lymph	hydromphrosis
4	adrenal medulla	Still's disease
5	posterior pituitary	infectious mononucleosis
6	pancreas	achondroplasia
7	thyroid	mongolism
8	adrenal cortex	diabetes mellitus
9	parotid	tetany
		phimosis
		hydrocoele
		myxoedema
		leucoplakia
		diabetes insipidus
		gingivitis
		Weil's disease
		epidemic parotitis
		pheochromocytoma

Place correct no. or nos. here	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

6. You are asked to give a patient morphine sulphate gr. $1/12$ but you have only morphine sulphate 1 cc. ampoules gr. $\frac{1}{2}$ in stock. Indicate:

(i) how you would calculate the correct quantity to be administered.

(ii) the number of minims you would give the patient.

Answer to ①.....

Answer to (ii)

8. Each of the organisms listed in Column A commonly causes one of the illnesses mentioned in Column B. As in the last question, link up the disease in Column B with the specific organism listed in Column A.

No.	Column A	Column B
1	streptococcus viridans	acute tonsillitis
2	pneumococcus	food poisoning
3	spirochaete (treponema pallidum)	Parkinson's disease
4	haemolytic streptococcus	paratyphoid
5	Friedlander's bacillus	whooping cough
6	staphylococcus	sub-acute bacterial endocarditis
7	bacillus Welchii	syphilis
8	bacillus coliform	pyelitis
9	pertussis bacillus	rheumatoid arthritis
10	salmonella bacillus	osteomyelitis
11	brucella abortus	gas gangrene
12	meningococci	poliomyelitis
		Weil's disease
		undulant fever
		cerebrospinal fever
		angioneurotic oedema
		tuberculosis
		ankylosing spondylitis
		otitis media
		ophthalmia in the newborn
		tino-sinovitis
		Vincent's angina

Place
correct
no. here

9. Read through the following list of terms and place a cross (×) by ANY of these substances which are secreted in the pancreas.

maltase	lactase
steapsin (lipase)	trypsinogen
crepsin	rennin
bilirubin	enterolinase
ptyalin	biliverdin
pepsin	amylase

10. In Column A eight structures of the nervous system are named. From the list given in Column B link up the function associated with each structure in Column A by placing the appropriate number in Column B.

No.	Column A	Column B	Place correct no. here
1	medulla oblongata	transmits motor impulses	
2	pyramidal tract	controls body temperature	
3	olfactory nerve	controls balance	
4	afferent fibres	controls facial expression	
5	cerebellum	controls blood supply to brain	
6	choroid plexus (or ventricles)	controls secretion of cerebro-spinal fluid	
7	trochlear nerve	controls vision	
8	hypothalamus	supplies eye muscles	
		controls secretion of ductless glands	
		transmits sensory impulses	
		sense of smell	
		controls sodium retention	
		controls respiration	
		controls hearing	

11. You have available soluble insulin,

- (i) 20 units per cc.
- (ii) 40 units per cc.
- (iii) 80 units per cc.

Your patient is ordered to have 64 units of soluble insulin,

- (i) Underline which strength of insulin listed above you would use for the patient.
- (ii) State how much insulin of the strength you have selected you would withdraw into a 2 c.c. syringe for injection.

Quantity of insulin required in syringe

12. Place a cross (x) against the correct answer in the following six sections of this question.

- (a) 20 grains=1 drachm
 40 grains=1 drachm
 60 grains=1 drachm
 80 grains=1 drachm
- (b) 20 grams=1 ounce
 30 grams=1 ounce
 40 grams=1 ounce
 60 grams=1 ounce
- (c) 5 ounces=20 drachms
 5 ounces=40 drachms
 5 ounces=60 drachms
 5 ounces=80 drachms
- (d) 1 gram=10 grains
 1 gram=12 grains
 1 gram=15 grains
 1 gram=20 grains
 1 gram=30 grains
- (e) 30 minims=1 fluid drachm
 40 minims=1 fluid drachm
 50 minims=1 fluid drachm
 60 minims=1 fluid drachm
- (f) 20 cubic centimetres=1 fluid ounce
 30 cubic centimetres=1 fluid ounce
 40 cubic centimetres=1 fluid ounce
 60 cubic centimetres=1 fluid ounce

13. Each of the following terms listed in Column A is correctly defined in Column B. Link up the corresponding term and definition by placing the correct number in Column B.

No.	Column A	Column B
1	corpus luteum	removal of body of uterus and cervix
2	metrostaxis	round ligaments sutured to the abdominal wall near rectus sheath
3	total hysterectomy	secretes progesterone
4	ventrosuspension	removal of body of uterus
5	ectopic gestation	bleeding from uterus before puberty
6	salpingitis	embedding of ova in Fallopian tube
		secretes oestrogen
		anterior wall of uterus is attached to posterior surface of abdominal wall
		inflammation of inner lining of Fallopian tubes
		bleeding from uterus unconnected with menstruation
		rupture of ova from Fallopian tube
		inflammation of fundus of uterus

Place
correct
no. here

14. Place a cross (X) by ANY of the following signs and symptoms you would expect to find in a patient suffering from diabetic coma.

deep respirations
anuria
hypoglycaemia
shallow respirations
sunken eyes
glycosuria
skin dry and inelastic
low blood sugar
moist tongue

moist skin
raised blood pressure
high blood sugar
reduced blood pressure
abdominal pain and vomiting
ketonuria
dry furred tongue
eyes not sunken
no abdominal pain

15. Name the vitamin or vitamins contained in each of the following items of diet.

EXAMPLE:

Butter contains vitamins

A	D		
---	---	--	--

Do all the others listed below in the same way.

Green vegetables contain vitamins

Egg yolks contain vitamins

Carrots contain vitamins

Liver contains vitamins

Fish liver oil contains vitamins . . .

Yeast contains vitamins

Citrus fruits contain vitamins

Kidney contains vitamins

Nuts contain vitamins

Cereals contain vitamins.

Potatoes contain vitamins . . .

Cheese contains vitamins _____ , _____

Oranges contain vitamins _____.

Milk contains vitamins _____.

Margarine contains vitamins _____.

Peanuts contain vitamins

Tomatoes contain vitamins

Beard contains vitamins

[illegible]

16. In testing catheter specimens of urine you have found the following three abnormalities listed in Column A. Indicate which abnormality you would expect to find in some of these diseases by placing the appropriate number in column provided.

<i>No.</i>	<i>Column A</i>	<i>Column B</i>
1	biliuria	acute nephritis
2	haematuria	diabetes insipidus
3	glycosuria	carcinoma of head of pancreas
		pyelitis
		aplastic anaemia
		uraemia
		diabetes mellitus
		hydronephrosis
		cholecystitis
		renal calculi
		malignant hypertension
		infective hepatitis
		chronic nephritis
		ulcerative colitis
		ketosis
		overdosage of diuretics

Insert No.
below

17. Select two toxic symptoms listed in Column A which can result from overdosage of each drug listed in Column B and write corresponding numbers in Column B.

<i>No.</i>	<i>Column A</i>	<i>Column B</i>
1	dilated pupils	morphine
2	pinpoint pupils	atropine
3	dry, flushed skin	digitalis
4	profuse perspiration	thiouracil
5	nausea and vomiting	sodium salicylate
6	dermatitis	cortisone
7	glycosuria	quinidine
8	shallow (rapid) respirations	picrotoxin
9	very rapid pulse	sulphonamides
10	rapid deep respirations	
11	bradycardia	
12	leucocytosis	
13	raised blood pressure	
14	leucopenia	
15	deafness	
16	headache	
17	haematuria	
18	dehydration	

Place
correct
nos. here

18. You have only phenol (carbolic acid) 1 in 20 solution in stock. How much of this solution would you use to prepare 3 pints of 1 in 80 solution?

Quantity of solution required.....

Quantity of water required.....

19. Place a cross (X) against the correct answer in the following five sections of this question.

- (a) a diuretic is a drug which

increases perspiration.....

decreases urinary output.....

makes urine alkaline.....

increases secretion of urine.....

- (b) a mydriatic is a drug which

constricts arterioles.....

induces sweating.....

dilates pupils.....

decreases vomiting.....

increases respiration.....

- (c) a styptic is a drug which

controls haemorrhage.....

depresses central nervous system.....

dilates pupils.....

decreases salivary secretion.....

decreases urinary output.....

- (d) a carminative is a drug which

lowers body temperature.....

encourages vomiting.....

improves blood supply to intestines.....

depresses parasympathetic stimuli.....

relieves gas in stomach.....

- (e) An anthelmintic is a drug which

induces sweating.....

encourages vomiting.....

raises body temperature.....

for treatment of intestinal worms.....

stimulates peristalsis.....

20. The diseases listed in Column A occur most frequently in children or adults of a certain age and sex. Indicate the sex or sexes by placing a cross (x) in appropriate part(s) of Column B and the approximate age range in Column C.

EXAMPLE: This following example has been done for you.

Column A	Column B		Column C
	M	F	Age Range
coronary thrombosis	x		40 to 60
acute intussusception	x	x	0 to 1

Do all the others in the same way.

Column A	Column B		Column C
	M	F	Age Range
endometrioma			to
simple non-toxic goitre			to
Paget's disease			to
pernicious anaemia			to
acute leukaemia			to
congenital pyloric stenosis			to
trichomonas vaginitis			to
Raynaud's disease			to
coeliac disease			to
poliomyelitis			to
chorea			to
rheumatoid arthritis			to
iron deficiency anaemia			to
Parkinson's disease			to
papilloma			to
disseminated sclerosis			to
lobar pneumonia			to
tabes dorsalis			to

21. You have available a 30 per cent. solution of dextrose. How much of this would you require to use to make up 500 ccs. of a 6 per cent. solution?

Quantity of solution required.....

Quantity of water required.....

22. In each space provided in the following sentences one word is left out. Please write in the missing word in each space to complete this simple version of the mechanism of blood coagulation.

The substance thromboplastin is freed from injured tissues and also from
to convert the in the blood into Thrombin. This process is
assisted by calcium which is normally present in the blood. The
thus formed quickly acts on the to form
..... is a solid tough fibre network which is the actual blood clot.

23. Place a cross (X) by ANY of the following signs and symptoms you would expect to find in a patient suffering from coronary thrombosis.

raised blood pressure	slow steady pulse
diarrhoea	abdominal pain
vomiting	reduced blood pressure
fast feeble pulse	restlessness
oliguria	haematemesis
pain lasting few seconds	pain lasting several hours or days

24. The signs and symptoms listed in Column A are each specifically associated with one of the diseases listed in Column B. Link up the appropriate symptom with the disease by placing the right number in Column B.

No.	Column A	Column B	Place correct no. here
1	positive Paul Bunnell test	hyperchromic anaemia	.....
2	melaena	cirrhosis of liver	.....
3	raised erythrocyte sedimentation rate	haemorrhoids	.....
4	positive Widal reaction	subarachnoid haemorrhage	.....
5	obstructive jaundice	syphilis	.....
6	opisthotonus	osteoarthritis	.....
7	ascites	cerebral tumour	.....
8	Argyll Robertson pupils	tabes dorsalis	.....
9	spoon-shaped nails	measles	.....
10	papilloedema	meningitis	.....
11	bloodstained cerebrospinal fluid	glandular fever	.....
12	glossitis	hypochromic anaemia	.....
13	Koplik's spots	carcinoma of head of pancreas	.....
		typhoid fever	.....
		rheumatoid arthritis	.....
		infective hepatitis	.....
		oesophageal varices	.....
		disseminated sclerosis	.....

(b) *Multiple Choice Revision Test presented to the Alternative and Glasgow Royal Infirmary Control Students in September 1959*

Please complete this page and then read the instructions before beginning the test.

1. *Student's Full Name:* (in block letters)

2. *Name of Training School:*

3. *Date:*

INSTRUCTIONS

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5. You may do any rough working at the side of the page if you wish.
6. You will have 45 minutes and you will be told the time every quarter of an hour. Do as much as you can in the time allowed. Accuracy is important, but should you finish them all in less than 45 minutes you can go over them again.
7. Make any alterations in your answers *clearly*.
8. Ask no questions at all.

Multiple Choice Revision Test

1. Each of the gynaecological terms listed in Column A is correctly defined in Column B. Link up the corresponding term and its definition by placing the correct number in Column B. This Example has been done for you:

No.	Column A	Column B
1	endometritis	inflammation of ovaries
2	Salpingectomy	removal of Fallopian tube(s)
		inflammation of inner lining of uterus
		exploration of Fallopian tube

Place correct no. here
2
1

Do all the others listed below in the same way.

No.	Column A	Column B	Place correct no. here
1	corpus luteum	removal of body of uterus and cervix	
2	Metrostaxis	round ligaments sutured to the abdominal wall near rectus sheath	
3	sub-total hysterectomy	secretes progesterone	
4	ventrosuspension	removal of body uterus	
5	ectopic gestation	bleeding from uterus before puberty and after menopause	
6	metrorrhagia	embedding of ova in Fallopian tube	
		secretes oestrogen	
		anterior wall of uterus is attached to posterior surface of abdominal wall	
		excessive menstruation	
		bleeding from uterus unconnected with menstruation	
		rupture of ova from Fallopian tube	
		scanty menstruation	

2. List three natural foods you eat which contain the following vitamins.

Vitamin A (i).....
 (ii).....
 (iii).....

Vitamin B (i).....
 (ii).....
 (iii).....

Vitamin C (i).....
 (ii).....
 (iii).....

Vitamin D (i).....
 (ii).....
 (iii).....

3. For each disease listed in Column A select the *one* organism most frequently responsible for it and place the corresponding number in Column B.

No.	Column A	Column B
1	syphilis	brucella abortus
2	whooping cough	bacillus Welchii
3	tuberculosis	haemolytic streptococcus
4	erysipelas	meningococcus
5	ophthalmia neonatorum	treponema pallidum
6	cerebrospinal fever	pertussis bacillus
7	food poisoning	non-haemolytic streptococcus
8	undulant fever	gonococci
9	sub-acute bacterial endocarditis	Koch's bacillus
10	gas gangrene	salmonella bacillus

Place
correct
no. here

4. In the following question you are asked to complete the missing information:

- (a) The normal amount of urine secreted in 24 hours by a healthy adult is from mils. (c.cs) to mils. (c.cs).
 (b) The specific gravity of normal urine is to
 (c) The percentage of water in normal urine is approximately per cent.
 (d) Name two substances other than water found in normal urine:

(i).....

(ii).....

5. The following statements may be true or false. Place a cross (X) in the space provided if you believe them to be TRUE.

- the superior and inferior venae cavae empty into the left auricle.
 $1/12$ is greater than $1/16$.
 the efferent nerve fibres transmit motor impulses from the cerebrum.
 $1/175$ is greater than $1/150$.
 30 mils. (c.cs) equal 1 fluid ounce.
 ciliated epithelium is found only in the respiratory tract.

6. You have a rubber topped vial of morphine sulphate injection containing $\frac{1}{4}$ grain of morphine in 12 minims of solution, and you are required to give $1/6$ grain of morphine. How much of this solution would you use?

Amount of Solution used.....

7. For each disease listed below in space provided place:
- '1' if patient's blood pressure likely to be raised.
 - '2' if patient's blood pressure likely to be unchanged.
 - '3' if patient's blood pressure likely to be reduced.

coronary thrombosis
acute nephritis
Addison's disease
thyrotoxicosis
angina pectoris
pheochromocytoma

Place no. here
.....
.....
.....
.....
.....
.....

lobar pneumonia
glioma
haematemesis
cholecystitis
malignant hypertension
pernicious anaemia

Place no. here
.....
.....
.....
.....
.....
.....

8. Place a cross (X) by ANY of the following signs and symptoms you would expect to find in a patient suffering from coronary thrombosis.

raised blood pressure
diarrhoea
vomiting
fast feeble pulse
oliguria
pain lasting few seconds

slow steady pulse
abdominal pain
reduced blood pressure
restlessness
haematemesis
pain lasting several hours or
days

9. A moderately heavy worker requires approximately 3,500 calories per day. Suggest a balanced intake of carbohydrate, fat and protein which would give him the 3,500 calories he requires.

- (a) grammes of carbohydrate
(b) grammes of protein
(c) grammes of fat

10. In the following question you are asked to complete the missing information:

(a) What is the normal quantity of blood in the circulatory system of a healthy adult

(b) The percentage of water in normal blood is approximately per cent.

(c) Name eight constituents of normal plasma:

- (i) (v)
(ii) (vi)
(iii) (vii)
(iv) (viii)

11. An overdosage of each drug listed in Column A can cause two toxic symptoms listed in Column B. Indicate two toxic reactions caused by each drug by placing the appropriate numbers in Column B.

No.	Column A	Column B
1	morphine	dilated pupil
2	atropine	pinpoint pupils
3	digitalis	dry, flushed skin
4	thiouracil	convulsions
5	sodium salicylate	nausea and vomiting
6	cortisone	skin eruptions
7	quinidine	glycosuria
8	picrotoxin	slow, shallow respirations
9	sulphonamides	weak, rapid pulse
		slow pulse
		headache
		raised blood pressure
		agranulocytosis
		deafness
		haematuria

Place
correct
nos. here

12. One of the conditions listed in Column B is specifically associated with the abnormal functioning of one of the glands listed in Column A. Link up the corresponding disease and gland by placing the correct number in Column B.

No.	Column A	Column B
1	parathyroid	acromegaly
2	anterior pituitary	hirsutism
3	lymph	hydronephrosis
4	adrenal medulla	Still's disease
5	posterior pituitary	infectious mononucleosis
6	pancreas	achondroplasia
7	thyroid	mongolism
8	adrenal cortex	diabetes mellitus
9	parotid	tetany
		phimosi
		myxoedema
		leucoplakia
		diabetes insipidus
		gingivitis
		Weil's disease
		epidemic parotitis
		pheochromocytoma

Place
correct
no. here

13. You have a 1 ml (c.c.) syringe and you are required to administer 35 units of Protamine Zinc insulin from a vial containing 40 units per ml (c.c.). How much will you give?

Quantity of P.Z. insulin to be given.....

14. In each of the five sections of this question place a cross (X) in each section by the correct answer.

- (a) the primary purpose of diet in the treatment of coeliac disease is:

to encourage intake of carbohydrate and protein.....
to encourage intake of fats and carbohydrate.....
to exclude all foods made with wheat flour.....
to encourage fluid intake.....
to reduce animal content of diet.....

- (b) the primary purpose of diet in the treatment of ulcerative colitis is:

to increase bulk in the large intestine.....
to increase fluid intake.....
to decrease intestinal solutions.....
to provide low residue diet.....
to increase fat content of diet.....

- (c) the primary purpose of diet in the treatment of congestive heart failure is:

to increase weight.....
to alter fluid retention in tissues.....
to lessen congestion of gastro-intestinal system.....
to reduce blood pressure.....
to lessen protein and fat intake.....

- (d) the primary purpose of diet in the treatment of infective hepatitis is:

to encourage production of bile.....
to supply bile direct to small intestine.....
to supply high protein diet.....
to replace the missing bile in food.....
to increase activity of the liver.....

- (e) the primary purpose of diet in the treatment of chronic nephritis is:

to reduce protein and increase carbohydrate in diet.....
to reduce blood pressure.....
to make good protein loss and decrease oedema.....
to reduce patient's weight.....
to rest damaged kidney tissue.....

15. (a) Name two enzymes secreted by the gastric glands:

(i).....

(ii).....

(b) Name three enzymes secreted by the pancreas:

(i).....

(ii).....

(iii).....

(c) Name five enzymes secreted by the small intestine:

(i).....

(ii).....

(iii).....

(iv).....

(v).....

16. You have hypodermic tablets strychnine $1/60$ grain on hand. You are asked to give $1/75$ grain. How would you do it?

Method to be used for calculation.

.....

.....

.....

.....

.....

.....

17. The diseases listed in Column A occur most frequently in children or adults of a certain age and sex. Indicate the sex or sexes by placing a cross (X) in appropriate part(s) of Column B and the approximate age range in Column C.

EXAMPLE: This following example has been done for you.

Column A	Column B	Column C
	M F	Age Range
coronary thrombosis	X	40 to 60
acute intussusception	X X	0 to 1

Do all the others in the same way.

Column A	Column B		Column C
	M	F	Age Range
endometrioma			to
simple non-toxic goitre			to
Paget's disease			to
pernicious anaemia			to
acute leukaemia			to
congenital pyloric stenosis			to
trichomonas vaginitis			to
Raynaud's disease			to
coeliac disease			to
poliomyelitis			to
chorea			to
rheumatoid arthritis			to
iron deficiency anaemia			to
Parkinson's disease			to
papilloma of bladder			to
disseminated sclerosis			to
lobar pneumonia			to
tabes dorsalis			to

18. In the following question you are asked to complete the missing information:

- (a) The oxygen content of normal inhaled air is approximately per cent.
 (b) The oxygen content of expired air is approximately per cent.

19. For each structure of the central nervous system listed in Column A select the ONE function it controls by placing the corresponding number in Column B.

No.	Column A	Column B
1	ventricles	controls facial expression
2	pons varolii	controls body temperature
3	cerebellum	transmits sensory impulses
4	hypothalamus	is the nerve of smell
5	medulla oblongata	controls balance
6	olfactory nerve	contains cerebrospinal fluid
7	pyramidal tract	forms bridge between cerebrum and medulla
8	optic nerve	transmits motor impulses
		controls blood supply to brain

Place
correct
no. here

20. The following statements may be true or false. Place a cross (X) in the space provided by those you believe to be TRUE.

.....	otitis media is an infection of the inner ear.
.....	the normal white blood count in any adult is 10,000-15,000 per mil (c.c.).
.....	the patient in an insulin coma has an abnormally low blood sugar.
.....	the incubation period for infectious parotitis is longer than that for measles.
.....	hyperchromic anaemia is due primarily to iron deficient diet.
.....	a negative Paul Bunnell test is anticipated in cases of infectious mononucleosis.

21. For each structure mentioned below in Column A select the muscle associated with it by placing the appropriate number in Column B.

No.	Column A	Column B
1	The neck	tibialis anticus
2	pelvic floor	brachialis anticus
3	the shoulder	psaos
4	the arm	trapezius
5	the hip	pectoralis major
6	the head	levator ani
7	the thigh	masseter
8	the leg	quadriceps extensor

Place
correct
no. here

22. Name one drug or solution which could be used for each of the following types of enemata:

- (i) sedative
- (ii) anthelmintic
- (iii) stimulating
- (iv) anaesthetic
- (v) carminative
- (vi) evacuant

23. The signs and symptoms listed in Column A are each specifically associated with one of the diseases and illnesses listed in Column B. Link up the appropriate symptom with the disease by placing the right number in Column B.

No.	Column A	Column B	Place correct no. here
1	melaena	hyperchromic anaemia	.....
2	positive Widal reaction	cirrhosis of liver	.....
3	obstructive jaundice	haemorrhoids	.....
4	ascites	subarachnoid haemorrhage	.....
5	spoon-shaped nails	measles	.....
6	bloodstained cerebrospinal fluid	meningitis	.....
7	glossitis	glandular fever	.....
8	Koplik's spots	hypochromic anaemia	.....
		carcinoma of head of pancreas	.....
		typhoid fever	.....
		infective hepatitis	.....
		oesophageal varices	.....

APPENDIX III

Follow-up of Nurses who have recently completed the Final State Examination of General Nursing Council for Scotland

1. Surname (in block capitals) Mrs./Miss
- Christian Name(s)
2. Name of Hospital
3. Date of commencement of Training
4. Date of Entry for Final State Examination of G.N.C.
5. Date of leaving above named Hospital
6. Reason for Leaving

7. *If you are taking a further course of Training (Nursing or otherwise) please give the following particulars:*

(i) Name of Hospital or Institution which you will attend

(ii) Name and Length of Course you will take

(iii) Date of Commencement of this Training.

8. *If Question 7 above is not applicable please state as fully as possible:*

EITHER

(i) Any Post Nursing or otherwise you have already accepted (giving full title of this post)

Name and Address of your Employer

Or

(ii) The type of Occupation you intend to follow after leaving Hospital

Name and Address of your Employer (if known)

9. Permanent Postal Address (to which follow-up enquiry can be sent in one year's time)

Signature of Contributor

APPENDIX IV.

Reference No. UNIVERSITY OF EDINBURGH

Student Nurse Survey in Scotland

HOW TO COMPLETE THIS FORM:

You will see that various numbers and letters have been used in most of the questions. These numbers and letters are used for coding purposes. All that you are requested to do is to place a circle around the number or letter opposite the correct answer. (For example, in question No. 3, if you are SINGLE, place a circle round 1—thus (1).)

1. Christian Names:

Surname

2. Date of Birth: day
 month
 year

3. Civil Status: Single.....1
 Married.....2
 Widow3
 Separated or Divorced.....4

4. Permanent Address:

(Please name following details only).

Town or Village

County

Country

Is your own home in same town or city
as this hospital?.....1

Within 10 miles of this hospital.....2

" 50 " "3

" 100 " "4

" 500 " "5

Over 500 " "6

5. Nationality:

Scottish1

English2

Irish3

Welsh4

Commonwealth5

Other, namely.....6

HOME AND FAMILY

6. Father's Occupation:

(a) State his present or last occupation

(b) If he is not now working, is your
father:

retired1

unemployed2

dead.....3

unknown.....4

(c) Is your father:

(i) self-employed.....1

(ii) employed2

7. Mother's Occupation:

(a) Is your mother now in paid employment?

Yes 1

No 2

Unknown 3

Dead 4

(b) If 'yes' what is her present employment?

(c) What was your mother's last occupation before marriage?

8. (a) How many sisters have you?

(b) Please state age in years:

(i) (iv)

(ii) (v)

(iii) (vi)

(c) Please state the occupation of your sisters who have left school:

(i)

(ii)

(iii)

(iv)

9. (a) How many brothers have you?

(b) Please state age in years:

(i) (iv)

(ii) (v)

(iii) (vi)

(c) Please state the occupation of your brothers who have left school:

(i)

(ii)

(iii)

(iv)

10. (a) Was your father pleased that you became a nurse?

Yes 1

No 2

Not known 3

If 'yes' please state main reason:

If 'no' please state main reason:

(b) Was your mother pleased you became a nurse?

Yes 1

No 2

Not known 3

If 'yes' please state main reason:

If 'no' please state main reason:

11. (a) Had you any relative or friend in the Medical or Nursing Profession before you began Nursing?

Yes X

No Y

- (b) If 'yes' please ring correct code number

	<i>Medicine</i>	<i>Nursing</i>
Father	1	2
Mother	3	4
Brother(s)	5	6
Sister(s)	7	8
Other relative(s)	9	0
Friend(s)	X	Y

- (c) Position(s) held by relative(s):

- (i)
 (ii)
 (iii)
 (iv)

- (d) Position(s) held by friend(s):

- (i)
 (ii)
 (iii)
 (iv)

EDUCATION

12. (a) At what age did you leave school?

.....yearsmonths

- (b) Name of school last attended:

.....

- (c) Indicate which of following type of school you last attended:

Scotland

Junior Secondary	1
Senior Secondary	2
Fee-paying	3

England and Wales

Secondary Modern	4
Grammar	5
Fee-paying	6

Elsewhere

State School	7
Fee-paying	8

13. (a) Did you pass any public examination before leaving school? (for example, Scottish Leaving Certificate or General Certificate of Education).

Yes 1

No 2

- (b) If 'yes' please give following details:

Name of Exam(s) passed

- (i)

 (ii)

Subjects Passed

	<i>Level</i>	
	<i>Higher or Advanced</i>	<i>Lower or Ordinary</i>
(i) Mathematics	1	2
Arithmetic	—	3
(ii) Science		
Botany	1	6
Biology	2	7
Chemistry	3	8
Physics	4	9
Zoology	5	0
(iii) English		
Language	1	3
Literature	2	4
(iv) Languages		
French	1	7
German	2	8
Latin	3	9
Spanish	4	0
Gaelic	5	X
Greek	6	Y

(v) Other Subjects		
History	1	7
Geography	2	8
Art	3	9
Scripture	4	0
Music	5	X
Domestic Science	6	Y

(vi) Any Other Subject(s) passed
Namely

14. Have you passed Part I of Preliminary State Nursing Examination:

whilst at school1

or in Pre-Nursing School2

15. Only answer this question if you decided to nurse whilst still at school.

Did your headmaster/mistress encourage you to enter this profession?

Yes1

No2

Not discussed3

PREVIOUS EXPERIENCE

16. (a) Have you had any previous experience of nursing before coming to this hospital?

Yes1

No2

(b) If 'yes' state where experience gained

Hospital1

Nursing Home2

Home for Old People3

Convalescent Home4

Own Home5

School Nursing6

Nursery Nursing7

Pre-Nursing School8

Red-Cross9

Other, namely0

(c) Position Held:

Trained Nurse1

Student Nurse2

Assistant Nurse3

Auxiliary Nurse4

Nursing Cadet5

Orderly6

Other, namely7

(d) Have you passed any nursing exams since leaving school?

YesX

NoY

(e) Name of Exam(s) Passed Year(s) Exam(s) Passed

(i)

(ii)

(iii)

17. (a) Have you attended any other course of study since leaving school?

Yes1

No2

(b) If 'yes' give following details:

Subjects Studied

(i)

(ii)

(iii)

(iv)

(c) Name any degree, diploma or certificate obtained:

(i)

(ii)

(iii)

(d) Was this course of study:

(i) full-time1

(ii) part-time2

18. (a) Have you held any post or appointments *other than nursing* since leaving school?

Yes 1

No 2

- (b) If 'yes' please give following details:

Position held

(i)

(ii)

(iii)

- (c) Indicate type of work:

Government 1 Shop 5

Professional 2 Agricultural 6

Business 3 Domestic Work 7

Factory 4 Other 8

NURSING

19. State briefly why you decided to become a nurse:

- (a) Main reason

.....

.....

Other(s) namely:

.....

.....

- (b) In which branch of nursing do you hope to work when trained?

.....

.....

.....

20. (a) Was nursing your first choice for a career?

Yes 1 No 2

- (b) What career(s) would you choose as alternative to nursing?

(i) (iii)

(ii) (iv)

21. (a) Why did you choose to train in this hospital?

.....

.....

.....

.....

- (b) Have you ever applied to any other training school?

Yes 1

No 2

- (c) If 'yes' please give following details:

Training School

Year

(i)

(ii)

(iii)

22. (a) Have you ever been a patient in a hospital or nursing home before you began nursing?

Yes 1

No 2

- (b) If 'yes' please give the following details about each admission:

Age	Length of Stay (weeks)	Illness

PERSONAL INTERESTS

23. (a) Are you an active member of your church?

Yes.....X

No.....Y

(b) To which church do you belong?

Church of Scotland (Presbyterian).....1

Episcopal Church in Scotland.....2

Church of England.....3

Other Protestant.....4

Roman Catholic.....5

Jewish.....6

Other, namely.....7

None.....8

24. (a) What were your hobbies before you started nursing?

(i).....

(ii).....

(iii).....

(b) To what Clubs or other organisations, social, educational or recreational, did you belong before you became a nurse?

(i).....

(ii).....

(iii).....

(iv).....

(c) Did you participate actively in any of these groups as:

Group leader.....1

Committee member.....2

Secretary.....3

None of these.....4

Other, namely.....5

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MINISTRY OF EDUCATION

Half Our Future

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Half Our Future

*A Report of the Central Advisory Council
for Education (England)*



LONDON

HER MAJESTY'S STATIONERY OFFICE

1963

Foreword

This report is the outcome of a reference given to the Central Advisory Council for Education (England) by my predecessor, Lord Eccles, in March 1961.

I am sure there is a need for wide public discussion of many of the Council's findings and recommendations. The teaching profession, the local education authorities and the Government will need to consider, both individually and jointly, the many recommendations that call for new initiatives, particularly in the fields of research and development. But I agree with the Council that there is above all a need for new modes of thought, and a change of heart, on the part of the community as a whole. We who are professionally and constitutionally concerned with the work of the schools cannot hope to discover the true needs of these pupils, and the best means of meeting them, without the backing of widely informed public opinion.

We therefore owe a great debt of gratitude to Mr. John Newsom and his colleagues on the Council for the skill and care with which they have defined the problem, and so admirably prepared the ground for what I hope will be a general raising of sights in our attitudes towards these pupils. Their potentialities are no less real, and of no less importance, because they do not readily lend themselves to measurement by the conventional criteria of academic achievement. The essential point is that all children should have an equal opportunity of acquiring intelligence, and of developing their talents and abilities to the full.

EDWARD BOYLE

August, 1963.

August 7, 1963

Dear Minister,

Your predecessor, Lord Eccles, asked the Central Advisory Council for Education (England) in March, 1961 to advise him on the education of pupils aged 13 to 16 of average and less than average ability.

I have much pleasure in submitting our report,

Yours sincerely,

JOHN NEWSOM

(Chairman)

The Rt. Hon. Sir Edward C. G. Boyle, Bart., M.P.

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Mr. J. W. Withrington, H.M.I., Assessor.

Miss M. J. Marshall, H.M.I., Secretary to the Council.

Miss M. L. Smith (Clerk).

The Council began work under its present terms of reference in March, 1961 under the chairmanship of Lord Amory, who resigned in June 1961, following his appointment as High Commissioner for the United Kingdom in Canada. Dame Anne Godwin (resigned November 1961) and Miss N. Newton Smith (resigned December 1961) were also members of the Council during this enquiry.

Note. The estimated gross cost of the preparation of the report is £12,814 of which £7,264 represents the estimated cost of printing and publication.

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Introduction

The most important of our recommendations is implicit in the whole of our report even though it will not be found specifically in the text. We are concerned that the young people whose education we have been considering should receive a greater share of the national resources devoted to education than they have done in the past, and by resources we do not mean solely finance, although this is important. Our pupils constitute, approximately, half the pupils of our secondary schools; they will eventually become half the citizens of this country, half the workers, half the mothers and fathers and half the consumers. Disraeli once said that on the education of the people of this country its future depended and it is in this sense that we have entitled our report "Half Our Future".

We are concerned that there should be a change of attitude towards these young people not only among many of those who control their education but among the public at large and this cannot be achieved solely, if at all, by administrative action. It involves a change of thinking and even more a change of heart. Our particular recommendations are, nevertheless, within the compass of the Ministry of Education, the local education authorities and the teaching profession. We cannot stress too strongly that the solution to these problems is not necessarily to be found by a reorganization of the present pattern of secondary education. However large or small the school, whether it is one-sex or co-educational, however wide its range of intellectual ability, the problems peculiar to the pupils we have been considering still remain to be solved.

We fully endorse and reaffirm the conclusion reached in the Council's last report that there is an urgent need to raise the school-leaving age to sixteen and that a specific date should be announced for the implementation of this decision. We maintain that during the whole secondary period the full-time education of pupils should be either in school or based on a school, despite the fact that we consider it important that the older pupils should have experience outside its confines. We consider that much fuller use should be made of the natural interests of older boys and girls in the work they will eventually undertake and that this fact should be reflected not only in the content of the curriculum but in the method of teaching and, above all, in the attitude of the teacher to the pupil when the pupil is, in effect, a young adult. We do not minimize the importance of maintaining the high educational standards required from the members of the teaching profession when we stress that, for the pupils we are considering, it is of quite exceptional importance that they should have an equally high capacity as teachers. By their very nature these young people require outstanding professional skill and inspiration from those who care for them and we consider that this fact should be recognized both in their training and in the position they hold in the school. It is for these reasons that we have concentrated on these matters which we consider to be the kernel of the problem and have not discussed, as some people would have expected us to do, the organization of the secondary school pattern throughout the country.

We have been impressed by what the schools have achieved since the concept of secondary education for all was initiated. We have been particularly struck by the steady growth in the standards of literacy (described in chapter 21) and there is no sign that the rate of improvement is slackening. But there is some evidence that young people of the same ability who attend recognized private schools and remain there in small classes until well beyond the statutory leaving age can achieve standards very different from those normally found. Moreover in many other countries the pupils remain at school till a later age than in the United Kingdom. From this we deduce that it is not possible to generalize about the capacity of the average and below average until we have had an opportunity of keeping them at school for a longer period and in smaller classes. It is possible that the potential of these children is very much greater than is generally assumed and that the standards they could achieve might surprise us all. The demonstrable improvements of the past decade have happened despite the fact that it is only in the last few years that the majority of the schools have been provided with the buildings, equipment and teaching strength to cope with the situation and even now, as our survey has shown, there are gross deficiencies still to be made up. We agree with the first chairman of the Central Advisory Council, Sir Fred Clark, who said that only after a diagnostic twenty years would it be possible to decide whether a particular structure of secondary education was likely to be beneficial. It is misleading to assess the success of secondary modern schools when they are still a long way from having had this period with adequate resources to achieve their purpose. It is, of course, even more premature to attempt a reasoned judgement on comprehensive and other types of secondary organization.

We make no apologies for recommendations which will involve an increase in public expenditure on the education of the average pupils. Their future rôle politically, socially and economically is vital to our national life but, even more important, each is an individual whose spirit needs education as much as his body needs nourishment. Without adequate education human life is impoverished.

And the bill which has to be presented is not limited merely to full-time education at school. It was not our remit to discuss the contribution which the youth service should make or the need for further education after leaving school; but we may insist that the boys and girls with whom we are concerned need these services as much as any section of the community.

Our report is not simply addressed to those who have the power to take administrative action. They need the support, perhaps sometimes the incitement, of an informed public opinion. It is there for the asking. Never before has the cause of education had so much popular support. Why, then, worry? Our anxiety is lest the relatively unspectacular needs of the boys and girls with whom we have been concerned should be overlooked. They have had far more than their fair share of thoroughly unsatisfactory buildings and desperately unsettling changes of staff. Given the opportunities, we have no doubt that they will rise to the challenge which a rapidly developing economy offers no less to them than to their abler brothers and sisters. But there is no time to waste. Half our future is in their hands. We must see that it is in good hands.

Terms of Reference

"To consider the education between the ages of 13 and 16 of pupils of average or less than average ability who are or will be following full-time courses either at schools or in establishments of further education. The term education shall be understood to include extra-curricular activities."

Principal Recommendations

(These follow the order of the chapters of the report)

In order that the children with whom we are concerned should have an effective secondary education, we recommend that:

1. An immediate announcement should be made that the school-leaving age will be raised to sixteen for all pupils entering the secondary schools from September 1965 onwards.

2. A programme of research in teaching techniques designed, particularly, to help pupils whose abilities are artificially depressed by environmental and linguistic handicaps should be instituted by the Ministry. The programme should include an experimental school run in co-operation with a teachers' training college whose staff is specially strengthened for the purpose.

3. An interdepartmental Working Party should be set up to deal with the general social problems, including education, in slum areas. Particular attention in education should be paid to the need for stability of staffing; the size of schools; and to the design and function of school buildings in these areas as part of the general community provision.

4. (a) All schools should provide a choice of programme, including a range of courses broadly related to occupational interests, for pupils in the fourth and fifth years of a five year course, and should be adequately equipped to do so.

(b) Equally, attention should be paid both to the imaginative experience through the arts, and to the personal and social development of the pupils.

(c) Excessively fine grading of ability groups should be avoided; more than three broad groupings is probably unnecessary, and groupings in the final years at school should be largely based on subject or course choices.

(d) Every effort should be made to emphasize the status of the older pupils both through school organization and in the design of school buildings.

5. (a) The hours spent in educational activities, including the "extra-curricular", should be extended for pupils aged fourteen to sixteen. Some experiments by local education authorities and schools in different types of extension of the school day should be encouraged by the Ministry.

(b) The implications for the staffing establishment of schools and the conditions of service, including the financial, should be examined; as also should be the demands which would be made by an extended use of school buildings.

6. The Ministry and the local education authorities should undertake a joint survey to establish accurately the scale on which provision for residential courses of all types is available, how far it is meeting demand, and the estimated cost of providing some residential experience for all pupils in the course of their school life, especially for a substantial number of pupils during their final two years at school.

7. The local education authorities should consider a revision of the Agreed Syllabuses for religious instruction to determine whether adequate provision is made for the needs of the older boys and girls with whom we are concerned, and whether they leave sufficient scope for teachers to develop methods which start with the actual problems which the pupils have to face.

8. Positive guidance to adolescent boys and girls on sexual behaviour is essential. This should include the biological, moral, social and personal aspects. Advice to parents on the physical and emotional problems of adolescents should be easily available. Schools of whatever type should contrive to provide opportunities for boys and girls to mix socially in a helpful and educative environment.

9. (a) The school programme in the final year ought to be deliberately outgoing—an initiation into the adult world of work and of leisure.

(b) All links with, and knowledge about, the youth employment service, further education, the youth service and adult organizations need strengthening.

10.(a) The schools should provide all sixteen year-old leavers with some form of internal leaving certificate, combining an internal assessment with a general school record, irrespective of any external examinations they may take.

(b) They should resist external pressures to extend public examinations to pupils for whom they are inappropriate, or over an excessively large part of the programme for any pupils. They have a special responsibility to offer the non-examination pupils an educational experience which is worth while.

(c) No pupils should be entered for any external examination before the fifth year; schools should look ahead to a situation in which all pupils will be in full-time education to sixteen.

11. The Ministry in conjunction with local education authorities should arrange an experimental building programme, to try out different forms of school organization and teaching methods in buildings designed for the purpose; at least one such experiment might be run in conjunction with a teachers' training college.

12. Meanwhile action should be continued and, indeed, accelerated to remedy the existing functional deficiencies of schools, especially in relation to provision for practical subjects, science and libraries, by:

(a) relieving otherwise good modern buildings of the effects of overcrowding;

(b) replacing buildings which are totally inadequate to modern educational needs.

13. (a) Provision for all practical subjects should be reappraised, and extended workshop and technical facilities provided, whether wholly within the schools themselves or jointly with further education institutions.

(b) All secondary schools should be adequately provided with modern audio-visual aids, and with facilities for using them; in particular the planning of secondary schools should take account of the use of television, as a permanent teaching aid of great potential value, and of equipment for foreign language teaching by modern methods.

14. The policies on which the teacher training programme is based should be reconsidered to ensure that a substantial proportion of teachers in the secondary schools receive a training of the "concurrent" type.

15. The training colleges should be staffed and equipped to enable students to teach pupils of secondary age in one main subject and in at least one, and preferably two, other subjects, with the possibility of a choice of subjects which cuts across the conventional divisions of "practical" and "academic" subjects.

16. (a) The training of teachers should include preparation now for the new demands which will be made on them by the raising of the school-leaving age.

(b) A training requirement for graduates should be introduced at the earliest practicable moment, and the date announced in advance.

(c) As an interim measure there should be an emergency programme of in-service courses to help graduates and other teachers who have attained qualified status without training to deal with the problems they encounter in the schools. The content and conditions of the training course for graduates should be reviewed in order to make voluntary training more attractive.

Part One

Findings

"A boy who had just left school was asked by his former headmaster what he thought of the new buildings. 'It could all be marble, sir,' he replied, 'but it would still be a bloody school.'"

"I enjoyed my school life very much. I wanted to stay on, but there wasn't any room." Fifteen year-old leaver.

"Incentives for Good Behaviour. At school: House points; stars for work and service; public commendation after Assembly. At home: a drink of shandy; staying up late; staying out late; wearing make-up; having a hair-set; use of other people's clothes; money; cigarettes." Headmistress.

"We believe that the parents are solidly behind us in our work, and the co-operation they display is most encouraging." Headmaster.

"Outside the very narrow range of their immediate experience, their vocabulary was tragically poverty-stricken."

"The school's outstanding strength is its social achievement. The girls are fluent and confident and entertained the visitors with an easy grace which would have done credit to a grammar school sixth form."

"Our headmaster thought the school was marvellous and wouldn't face up to facts." Fifteen year-old school-leaver.

CHAPTER 1

Education for All

1. Boredom with everything school stands for, or enthusiasm? Conflict between school and home, or mutual support? Tongue-tied inadequacy, or social competence? What is the true picture of the educational situation of hundreds of thousands of young people today?

2. We believe the answer matters to many people besides the Minister to whom this report is formally addressed. Our terms of reference direct us to enquire into the education of pupils of "average" and "less-than-average" ability. If those words have any precise meaning at all, they must refer to at least half the children in the country—every other pupil in school, every other child at home. We have tried, therefore, in setting out our main ideas in Part One of this report, to keep in mind a wider public, especially parents. Part Two, which considers some aspects of school organization and classroom matters in more detail, is addressed more particularly to the teachers. Part Three describes in detail a survey of a representative sample of schools undertaken by the Council.

3. As the quotations from our evidence on the page opposite indicate, no simple generalizations will apply to all the pupils, and no one formula dispose of all the problems with which this report is concerned. But what we have seen and heard and read has seemed to lead inevitably to a number of beliefs. We shall argue them later at length, but they might be summarised as follows. Despite some splendid achievements in the schools, there is much unrealized talent especially among boys and girls whose potential is masked by inadequate powers of speech and the limitations of home background. Unsuitable programmes and teaching methods may aggravate their difficulties, and frustration express itself in apathy or rebelliousness. The country cannot afford this wastage, humanly or economically speaking. If it is to be avoided, several things will be necessary. The pupils will need to have a longer period of full-time education than most of them now receive. The schools will need to present that education in terms more acceptable to the pupils and to their parents, by relating school more directly to adult life, and especially by taking a proper account of vocational interests. Possible lines of development can be found in many good schools now, but experiment is required, both in the content of the school programme and in teaching methods. Finally, the schools will need strong support in their task, not least from parents, and they will need the tools for the job, in the provision of adequate staff and buildings and equipment.

4. Such is our thesis. Who are the boys and girls with whom this report is concerned? "Our children", as we came to call them, cannot be defined as any exact percentage of the population; and a full description of what we have learnt about them from our survey must come later. But if we ask where they are to be found at the present time, they are the boys and girls who form the majority of pupils in the secondary modern schools, or who are in the middle and lower forms of comprehensive schools. Or to put it another way,

we can think of an area, typical of much of the country, in which up to about a quarter of all the pupils who leave the primary schools go on to secondary grammar or secondary technical schools. The remaining three-quarters, apart from a small number who may be provided for in "special" schools for the severely physically or mentally handicapped, will go to secondary modern schools. In the latter, there will be an "above average" group, including some pupils who show themselves capable of doing work similar to that done by many pupils in a grammar school. There will be a second group, generally much larger, who represent the "average" boys and girls of their age; and a third, usually smaller, group, of those who have considerably more difficulty in remembering and applying what they learn, and who certainly work more slowly. Finally, we can pick out a fourth group of really backward pupils who have a struggle to attain an elementary mastery of reading, writing and calculation. No description of the size of these various groups will be accurate for all schools, but however uncertain the frontiers, all these territories have to be included in the educational map.

5. It was not part of our brief to consider the structure of secondary education, and we have not made any assumptions about what that may be, or ought to be, in the future. The description above will not fit some areas where different schemes of secondary organization are in operation, but it reflects what most commonly happens now. Whatever the local pattern, the educational needs of the boys and girls are the same. For brevity's sake, we discuss those needs throughout this report largely in the context of the secondary modern school, but the observations apply to "our" pupils wherever they are found.

6. We had difficulty with our terms of reference. "Average" and "below average" are full of pitfalls. The words themselves are useful enough, as ways of trying to identify in broad terms two large groups of pupils; but unluckily they often carry emotional overtones: the idea of "below-average ability" easily suggests "below-average people", as though the boys and girls so described were being regarded as generally inferior and in some way less worth educating than their "above-average" brothers and sisters. There can be no question of regarding one human being as less valuable than another, but though distinctions are difficult, some have to be attempted. Anyone involved in the job of teaching knows that the range of capacities to be encountered among the pupils of even a single school is very wide, and that to fail to take account of this is neither realistic nor likely to be in the pupils' own interests. In order to help individual boys and girls, the teacher needs first to appreciate their difficulties. Whether the individual ceiling of attainment for some, perhaps many, pupils could be higher, is an important matter which needs separate consideration; but that differences exist within any group of boys and girls is a fact of experience.

7. Another fact, perhaps not often enough emphasized, is that the standard indicated by "average" is rising all the time, and perhaps never more rapidly than in the last twenty-five years. As the life of our society becomes more complex, new demands are continually made on all of us; and this is as true in relation to our personal lives as it is in relation to the changing economic life of the country as a whole. The amount which men and women need to understand, and the range of experiences with which they are required to deal in all the daily business of living, are continually extending. The mysteries

of one generation become the commonplaces of life to their grandchildren. In this sense standards do rise.

8. This is not often apparent, because we are seldom in a position to compare, directly, the achievements of pupils of one generation with those of another. In a later part of this report, in which the results are described of a series of tests designed to show the pupils' capacity to read with understanding, there is a clear record of improvement. A test score which even fourteen years ago would have been good enough to put boys or girls well into the above-average category would today put them firmly into the below-average group. Over the intervening years the general level of performance has risen. One of the reasons why there is a quite proper anxiety over the general standards of literacy today is not that fewer and fewer people can read and write, but that more and more people need to do so with greater competence.

9. The point is, could many people, with the right educational help, achieve still more? If they could, then in human justice and in economic self-interest we ought, as a country, to provide that help. Any substantial recommendations affecting provision for half the population are bound to cost money. Are we prepared to foot the bill? We are conscious that, although there is a strong body of public opinion urging expenditure on education as a vital investment, the emphasis at present is almost invariably on the higher education of the most gifted. And with the prospect of a steady, long-term increase in the child population, the cost even of maintaining the existing services is mounting so rapidly that the competition for educational priorities is acute. We therefore think it essential to state at the outset the economic argument for investment in our pupils.

10. Briefly, it is that the future pattern of employment in this country will require a much larger pool of talent than is at present available; and that at least a substantial proportion of the "average" and "below average" pupils are sufficiently educable to supply that additional talent. The need is not only for more skilled workers to fill existing jobs, but also for a generally better educated and intelligently adaptable labour force to meet new demands.

11. In spite of popular belief to the contrary, technological advance—especially the introduction of automatic processes—is not leading to widespread unemployment among skilled workers or to the destruction of the level of skill. Skills may be changing and some individual skills become less important while new ones emerge, but the forecast made in 1956 in a government report on "Automation"¹, that on the whole the level of skill will tend to rise rather than fall, is being fulfilled. If anything, the progress of automation and the application of other technological developments are likely to be delayed by lack of trained personnel.

12. This was recognized in the 1962 White Paper on Industrial Training, which stated that, although both 1961 and 1962 saw welcome increases in the number of apprentices recruited, "Even so, it remains doubtful whether the number of new entrants into skilled occupations will be sufficient to match future needs. Experience in the United States, for example, suggests that technological progress requires an increasing proportion of trained and technical manpower in the working population, with a correspondingly smaller demand

¹ Department of Scientific and Industrial Research: "Automation", 1956.

for unskilled and semi-skilled labour. The same is true here. The great majority of unfilled vacancies call for some degree of skill, while a high proportion of the adult unemployed are labourers."

13. This trend in industrial employment is matched by a second, the expansion in employment in service occupations at a level that makes new demands on their employees. The retail trade for example, is increasingly looking for a better educated recruit who will neither be an errand boy nor possess an encyclopaedic knowledge of the product he sells, but be more capable of understanding and reacting effectively to the human situation in which he finds himself.

14. These developments are still at a relatively early stage, but the trend is clear, and should be setting the vocational pattern to which our educational system is geared. Other advanced industrialized countries are also having to look critically at their educational systems, and attempts are being made to measure the national reserves of ability.

15. Can our pupils be regarded as one such reserve of ability? Will a substantial investment in their education produce people capable of fulfilling the industrial rôles indicated above? If we look at what has happened when popular education has been extended in the past, the answer is an optimistic "Yes". New provision has always elicited new responses. Intellectual talent is not a fixed quantity with which we have to work but a variable that can be modified by social policy and educational approaches. The crude and simple answer was given by Macaulay 139 years ago:—"Genius is subject to the same laws which regulate the production of cotton and molasses. The supply adjusts itself to the demand. The quantity may be diminished by restrictions and multiplied by bounties."

16. A more subtle investigation into what constitutes the "restrictions" and the "bounties" in our society is of far more recent growth. The results of such investigation increasingly indicate that the kind of intelligence which is measured by the tests so far applied is largely an acquired characteristic. This is not to deny the existence of a basic genetic endowment; but whereas that endowment, so far, has proved impossible to isolate, other factors can be identified. Particularly significant among them are the influences of social and physical environment; and, since these are susceptible to modification, they may well prove educationally more important.

17. The problem is not solely a matter of social conditions. There are still large differences in the progress and attainments of children who appear to start with equal advantages, and even brothers and sisters in the same family differ from each other in talents. Factors of health and growth, character and temperament come into it, as well as native wit, which must be reckoned with, even if it cannot as yet be precisely measured. But when we refer to pupils in this report as "more able" or "less able" we are conscious that the terms are descriptive rather than diagnostic; they indicate the facts about the pupils' relative performance in school, but not whether that performance could be modified given different educational approaches.

18. There is very little doubt that among our children there are reserves of ability which can be tapped, if the country wills the means. One of the means is a longer school life. There is, surely, something of an anomaly in the fact

¹ T. B. Macaulay (1824) "On the Athenian Orators".

that whereas a five-year secondary course is regarded as an essential minimum both for our ablest children in the grammar schools and for those of very limited capacities indeed, in schools for the educationally sub-normal, less is demanded for the large majority of children who neither progress as quickly as the first group nor are as severely limited in their potential as the second.

19. Our terms of reference imply, and the whole argument of our report assumes, a school-leaving age of sixteen for everyone. We have again considered the position with great care, and we have unhesitatingly come to the same conclusion as the Council reached in 1959: "This is a duty which society owes all its young citizens". The evidence presented to us makes it clear that in the last few years there has been a marked strengthening of conviction in this matter, both among those professionally concerned with education and among the interested general public. The percentage of pupils who voluntarily remain at school beyond the minimum age of fifteen has doubled in the secondary modern schools since 1958,¹ and this in itself testifies to an increasing confidence in the schools and to a belief on the part of many parents in the value of a longer education for their children. Already in some modern schools, pupils are voluntarily remaining not only for a fifth but for a sixth year, and we have little doubt when the formal school-leaving age is raised to sixteen, there will be more pupils voluntarily choosing to stay to seventeen and even eighteen.

20. But the decision to raise the school-leaving age should not therefore continue to be deferred and progress left to follow its voluntary course. There are still too many boys and girls who, otherwise, will leave at the earliest permissible moment, whatever their potential abilities, because outside pressures are too much for them. Again and again teachers confirm that the pupils with whom we are especially concerned stand to gain a great deal in terms of personal development as well as in the consolidating of attainments from a longer period of full-time education—but it is just these boys and girls who most readily succumb to the attractions of the pay-pocket and the bright lights it commands.

21. Besides, in the national economic interest we cannot afford to go on waiting. Others are already ahead of us. It is true that we start school a year earlier than most other countries, but there is no reason to assume that the majority of our children are ahead of other people's at the age of fifteen when they leave school. In the United States nearly two-thirds of the population are at High Schools until the age of eighteen, and there is currently much concern over "the drop-outs", many of whom have stayed at school till sixteen. France, with problems of shortages of teachers and of accommodation comparable with our own, has already raised the school-leaving age from fourteen to sixteen for all the pupils who started school in or after 1959.

¹ In 1962, rather more than one-sixth of the age group in secondary modern schools for the country as a whole, and a very much higher percentage for some individual schools and areas. The demand for a longer education is also reflected in the proportion of pupils staying on in the comprehensive schools, and account must be taken of the pupils in full-time courses in further education, particularly in areas where it has been a matter of local policy not to provide fifth year courses in the modern schools. It must be noted, however, that only 45 per cent of all fifteen year-olds in 1961-62 were in any kind of full-time education, at school or in colleges of further education, and quite certainly the great majority of these were not the pupils with whom this report is essentially concerned.

22. The French procedure of naming the date on which the higher leaving age will become operative well in advance strongly commends itself to us. In this country, we cannot now afford to wait another ten years until boys and girls who have not yet entered the primary schools become fifteen. But, if the decision were taken quickly, a leaving age of sixteen could be made operative for all pupils who enter the secondary schools in or after 1965: that is, the first year of full-time compulsory education up to the age of sixteen would be 1969-70. The Crowther report urged the claims of the years 1966-69, when the secondary schools will experience a relative easing in the pressure of numbers, as the most apt for introducing the higher leaving age. The chance of using that spell is virtually gone, but in 1970 at least the actual numbers of boys and girls who will reach the age of fifteen, and who would be the first to be affected by the new provision, are relatively low—655,000 compared with 663,000 in 1969 and with 738,000 in 1975. There would be advantage in making the change when the first age group to be affected is relatively small. There are, in any case, undoubted advantages in taking the decision and announcing the date five years in advance: in this way, the pupils and their parents know from the beginning of the secondary course where they stand, and both teachers and administrators can make their plans with a definite goal ahead.

23. There is one other point about our terms of reference which we must make straight away: they appear to leave open the possibility that when the school-leaving age is raised, some pupils below the age of sixteen may be following full-time courses in colleges of further education. We are ourselves convinced, and have found almost unanimous agreement among those who have contributed evidence, that the schools should be responsible for boys and girls up to this age. This does not rule out the transitional use of the colleges for the full-time education of fifteen to sixteen year-olds, in the period before all secondary schools have the buildings, staffing and equipment to provide a fifth year for all their pupils. Interim arrangements, however, ought not to involve the creation or enlargement of further education establishments so that the temporary expedient becomes a permanency. We say this not in any criticism of the work now being done with full-time fifteen and sixteen year-old students in colleges of further education: these students are in any case mostly among the ablest boys and girls of their age group, rather than those with whom this report is especially concerned. But when the school leaving age is raised to sixteen for all, there will be a fundamental change in the whole educational situation, and the schools must be equipped, staffed and re-orientated in their working to meet it. If they do their job well, the colleges of further education will have to meet rapidly increasing demands for courses by older school leavers.

24. Active co-operation between the schools and colleges will, however, be essential, and in some areas it might well prove an admirable arrangement to allow pupils to attend a local college for some part of their final year's programme, in order to take advantage of special equipment and facilities. There is everything to be said for extending the pupils' experience beyond the school walls at this stage, and this is one promising way of doing it. But the ultimate responsibility for the pupils' welfare up to the age of sixteen should rest with the schools, and the educational programme, though increasingly outward looking, should be school based.

25. Clearly, the value of offering all pupils a longer experience of full-time education depends in considerable part on the resources of staffing and on the material conditions, in terms of buildings and equipment, which the schools may be expected to enjoy. From the findings of the National Advisory Council on the Training and Supply of Teachers it is clear that on current policies there will be a continuing shortage of teachers into the 1980's. This will be less acute for the secondary than for the primary schools, but we are well aware that the effect of conditions in the primary schools, particularly on pupils who do not learn easily, could have marked significance for success or failure at the secondary stage. On material needs, our own survey of schools gives some indication of the size of the task of bringing all school buildings up to the standards which have already long been established as desirable, quite apart from the need to improve further on those standards to take account of changing educational ideas and teaching methods, and of the growing number of older pupils staying on.

26. In attempting, therefore, to indicate what we believe to be educationally desirable, we realized that we might appear economically unrealistic; on the other hand, we see no reason to assume that the proportion of the national income spent on education is unalterable. We have tried, in the later sections of this report, to suggest both what educational developments can be undertaken here and now, especially by the more fortunately placed schools, and in what ways improved resources in staff and facilities will ultimately be needed for all schools if they are to develop as they should.

27. We realize that much of what we have to say, particularly about the content of the final year of a longer school course, is speculative. It is necessarily so, because one of the facts about "our" pupils is that they constitute so far only a small minority of those boys and girls who have voluntarily stayed on at school. There is as yet little store of experience within the national system of education in this country of teaching them right up to the age of sixteen or of testing different teaching approaches. We do not yet know what their achievements might be given a longer school life, a suitable programme, and work in reasonably sized groups with teachers of high quality. The analysis of the problem which both our witnesses and we ourselves have made convinces us that the solution can only be found in action; and that through experiment it can be found.

RECOMMENDATIONS

(a) An immediate announcement should be made that the school-leaving age will be raised to sixteen for all pupils entering the secondary schools from 1965 onwards. The year in which the new leaving age first becomes operative would then be 1969-70, when the number of fifteen year-olds involved is relatively low. (paras. 19-22)

(b) Full-time education to the age of sixteen should be school-based. This is not to preclude some part of the school course in the final year being followed off the school premises, e.g. in a college of further education. (paras. 23 and 24)

CHAPTER 2

The Pupils, The Schools, The Problems

"I can't help feeling wary when I hear anything said about the masses. First you take their faces from 'em by calling 'em the masses, and then you accuse 'em of not having any faces."—J. B. Priestley, "Saturn Over the Water".

28. We feel the same wariness in generalizing about "average and below average pupils." There were well over two and three quarter million boys and girls in maintained secondary schools in 1962, all of them individuals, all different. We must not lose sight of the differences in trying to discover what they have in common. It is however, useful to put together what is collectively known about "our pupils", even though the result may not be an exact likeness of any one of them.

29. We took a national sample of secondary modern schools and asked the heads not only to give us a great deal of information about their schools and the local background, but also to complete individual questionnaires on one in three of their fourth year pupils. As a result, we obtained pen-portraits of 6,202 fourteen year-old boys and girls, who between them represent a cross-sample of all the pupils in those schools, from the ablest to the weakest. The heads gave their own assessments of each pupil's general capacities, as compared with other pupils in that school; in addition, all the pupils in all the schools took an identical test (described in Chapter 21 of this report), so that it was possible to make some comparisons between them, even though they came from many different schools in different parts of the country.

30. A similar procedure was followed with a national sample of comprehensive schools, and with a group of schools specially selected for the known difficulties of their social and physical environment. Full details of both these sections of the survey are given in Part Three. To simplify the general discussion of the survey results, references in this chapter and subsequently are to the secondary modern schools sample only, unless otherwise stated.

31. It was also possible to extract further information which has a bearing on our subject from the National Service Survey results recorded in Vol. II of the Crowther Report. Based on these two sources, a brief description of the pupils in the sample might run something like this. A third of them live on housing estates, which may be bright and modern, like those of the new towns, or drab and ageing, as are some of those built in the early years between the wars. Just under a fifth live in the old and overcrowded centre of some big city or industrial area, where there are few amenities and often a concentration of social problems; for brevity we later refer to these as "problem" areas. Another fifth of the pupils is made up of boys and girls from rural and from mining districts; and the remainder come from areas which do not fit into any one of these categories and are generally mixed in character.

32. We did not obtain information on the occupations of the fathers of the pupils in our sample, but on the basis of the Crowther Survey, five out of six are likely to be children of manual workers skilled, or unskilled. Many attend

schools housed in attractive, post-war buildings, some of them built on the estates on which the pupils live; but many of these new schools are having to cater for many more pupils than they were designed to hold, and two-fifths of all the schools in our sample were in seriously inadequate premises. They are rather better off in respect of playing fields, but in the large towns playing fields have sometimes inevitably to be an awkward distance from the school, and the schools in the problem areas come off worst in every way, outdoors and indoors.

33. These boys and girls have seen a good many changes of teacher. Indeed, many of them must have been in their secondary schools longer than most of their teachers. Of the teachers who were on the staff when the pupils entered the schools in 1958, only half the women were still there in 1961, and about two-thirds of the men. Not only had many new teachers come, but there had been a great many comings and goings in between.

34. Most boys and girls in their teachers' opinion, are co-operative and behave well in school; only a small minority, under five per cent of the pupils in the fourth year at school, present serious problems of discipline. The pupils are liable to be absent from school, on average, for about ten days in the course of the year, but usually for acceptable reasons. They do their homework, if any is regularly required of them, but half of all the pupils in the modern schools are not given any homework. Nearly half the boys do some part-time paid job; only a small minority of the girls are so employed, perhaps because more claims are made on them to do domestic chores at home, as the heads of the schools often observe. About a quarter of all pupils belong to some school club or society, and nearly half, including many of the same enthusiasts, to some organization outside school.

35. Much of this description applies to all the pupils in the schools. It is, however, possible to draw some distinctions between our average and less than average pupils, and the rest. There is a slight, but definite, tendency for the less able pupils to be smaller and to weigh less than the brighter pupils—the puny-looking child, as it turns out, is not so likely to be the studious bookworm. It may well be that there is a comparable development in physical and in mental growth in the years of adolescence—a good deal of medical research suggests that there is; but it is also notable that the less successful children tend to come from the larger families (this is true irrespective of social class or background), and there is some evidence that children in small families tend to be taller and heavier. On the other hand, there are no generally significant physical differences between children from one environment and another apart from the exceptionally adverse areas discussed in the next chapter.

36. It seems that the less able the pupils, the more likely they are to be away from school, for longer periods, and more often without adequate excuse. They are also very much less likely than their abler fellows to be set homework. It is clearly worth asking how far frequent absence, and the lack of the extra practice which bright pupils get through homework, help to make the weak pupil weaker still. Contrary, perhaps, to what might be expected, there was no evidence, at least as far as the test score was concerned, that school work is adversely affected by pupils doing a part-time job.

37. What kind of places are the schools to which the pupils go? It is as difficult to do justice to them in a few generalizations as it is to describe the pupils.

Last year, there were 3,668 modern schools in England, making up rather more than two-thirds of the total of all secondary schools. The 1944 Act changed the name and status of the old Senior Elementary Schools to Secondary Modern Schools, but at first changed little else. When the school-leaving age was raised to fifteen in 1947, the country was faced with the enormous task of discovering how to provide an effective secondary education for a large part of the population which had never remained so long at school before. The teachers had to gain their experience on the job, often in old and unsuitable buildings and often without adequate books and equipment. These schools, and the even younger schools which have started up since, have had to plan their development ahead through a period which has seen in every field of education chronic shortages of teachers and overcrowding of classes. Much of the gathered wisdom of the old Senior Schools was lost in the shattering upheaval of the war, and the newly-designated Modern Schools had no collective tradition or reputation to support them; on the other hand, the very absence of a set pattern has attracted men and women with a zest for pioneering. As a result, the schools are growing up—for the process is still going on—very varied in character.

38. Over the last eight or ten years, they have been helped by a massive programme of new school building. In the period 1954-61, 1,808 new secondary schools in England and Wales were completed, the majority of them secondary modern schools; before the 1960s are out,¹ nearly two-thirds of all secondary pupils may be either in new schools or in enlarged older schools. The contrast however, between those schools now housed in new premises, and those still making do in pre-war, sometimes pre-twentieth century, elementary school buildings, grows sharper, and even the most splendid new buildings have not uncommonly been severely overcrowded since the day they opened. Nevertheless, imaginative design and construction, lightness, gay colour in decoration, and attractively laid out grounds, are among the most striking outward signs that the new schools have begun to come into their own.

39. Other changes, just as notable, have been happening inside the buildings, so many and so rapidly that it is doubtful if even the parents of the present pupils can realize just how different schools may be from the places they remember from their own school days. Most schools are making strenuous efforts to establish contacts with parents, sometimes with poor response: a school doing excellent work can have the dispiriting experience of only a handful of people turning up for a meeting called especially for the parents' benefit. But schools are large and busy places, and there is in any case so much more going on than can easily be absorbed in occasional visits. Communication is still difficult.

40. Probably the development which has caught most public attention is the growth of a variety of courses mainly, but not necessarily, leading to some external examination, for the older and abler pupils. These have undoubtedly been effective in inducing large numbers of boys and girls to stay longer at school, and in convincing their parents that to do so was worth while. Rather more than one pupil in six was staying beyond the minimum leaving-age in modern and all-age schools in 1962 over the country as a whole. In some individual schools and areas, the proportion was very much higher.

¹ i.e. when the building programmes for 1960-65 are completed.

41. Much else is changing. Visitors to one of the really fortunately placed schools are likely to be struck by the attractiveness of the newer text-books, the plentiful library books, the well-furnished library room. They may see a more generous provision of special rooms and equipment for science, cookery, needlework, woodwork, metalwork, art and crafts in general; and facilities for physical education on a scale which an older generation of pupils never knew. They may find there are subjects on the timetable which never figured in their own experience—a modern language, engineering, or commerce, for example; and certainly if they venture into the classrooms they may find “old” subjects covering a wider span of interest and being presented in unfamiliar ways. It is possible that the class will not be there at all, because the pupils have gone off to do field work in geography or biology, learning to search out more information for themselves, rather than receiving it all in notes from the teacher. Parents will certainly think the activities in physical education bear little resemblance to the more regimented drill procedures of not so many years ago. They may, if it is an exceptionally well provided school, even be a bit suspicious of the variety of equipment that seems to be supplementing chalk and talk these days—filmstrips, films, records, radio, tape-recorders, perhaps television; but they will concede that these pupils are lucky in having many more sources of illustration and interest. Most schools would feel that they have fewer of these aids than they could profitably use. Visitors may find the buildings lighter and brighter and a good deal less austere than their remembered picture of “school”, and they may be aware of a generally easier atmosphere and less formal relation between teachers and pupils. The school notice boards, with their news of clubs and societies, choirs and instrumental music, local expeditions and trips abroad, may suggest the lively sharing of interests which goes on in out-of-school time.

42. These activities outside the limits of lesson times are a valuable and distinctive feature of school life, not least, perhaps, in the way they are literally widening the pupils’ horizons. One outstanding, but by no means unique school, quoted in our evidence, has undertaken in six years sixteen holidays abroad and twenty-six in this country: the programme has included visits to Stratford, Edinburgh and York; geographical surveys in the Isle of Man, Yorkshire and the Lake District; historical studies in Lancashire; cycling and Youth Hostelling trips in many parts of this country; crossing the Norwegian ice cap above Hardanger, traversing mountain ranges in Austria, making a two-hundred mile high level walking tour in Switzerland, walking and climbing in the Dolomites in Northern Italy. Means of helping pupils who could not otherwise afford the journeys have been found, and pupils of every grade of ability have taken part, although the abler boys and girls have undoubtedly participated most.

43. We have dwelt on these aspects of the younger secondary schools first because they are not appreciated as widely as they ought to be. Educational journals week after week carry news of enterprising experiments in ways of making school life still more rewarding, but too little of this trickles through to the general public. Other patient work goes on which is scarcely recorded at all, except in inspection reports, because although immensely valuable, it is not necessarily novel or dramatic in character. Yet knowledge of both sorts of progress is needed, to put into perspective those disturbing accounts which do provide headlines in the national press, when some schools or teachers are

overwhelmed by problems of exceptional difficulty. Such situations certainly occur, and we are rightly perturbed when they do: but they are not typical, and they have often been luridly, even inventively presented. A well-informed public opinion could be of great support to the schools, not least to those in the gravest difficulties. Education needs a better communications service.

44. Secondly, we want to affirm quite clearly that the record of secondary education since 1944 is essentially one of progress in the face of formidable obstacles. We have criticisms and anxieties to express in the pages which follow, but they are to be read against this background of substantial success.

45. Why, then, not let well alone? Because very far from all the schools are as happily placed as the one in our generalized and somewhat rosy description; and because, although educationally we are scoring some gratifying hits, this increases concern about the misses. In respect of the physical conditions under which teachers and pupils are required to work, much of what was acknowledged in the Minister's statement in 1958 still has force.² "Some are secondary schools only in name or are accommodated in buildings long since out of date which it would not be sensible to improve where they stand . . . Others, though satisfactory for smaller numbers, are overcrowded . . . Others, again, though adequate in some ways, lack some of the facilities needed for proper secondary education, above all in scientific and technical subjects". Of the schools in our own sample, only a quarter in 1961 had an adequate library room which they were able to keep for its proper use, and more than another quarter had no library room at all. A third of the schools had no proper science laboratories. Half had no special room for teaching music, and these included many schools in which the single hall had to serve for assembly, gymnasium and dining.

46. The greater the number of people who prove to be educable beyond all previous expectations, the stronger the suspicion grows—and the teachers are among the first to voice it—that the rest may have been underestimated also, and that we are somehow failing a substantial number of young people. At the same time, the stronger the contrast becomes between those who are successful and those who are not, especially judged by those criteria which the world outside school most readily applies. There are differences over the country in the extent to which courses extending beyond the age of fifteen are available, as well as in the proportion of pupils who actually stay on. There are differences within a single school in how well it provides, or is able to provide, for pupils of varying abilities: most of the distinctive courses which have proved so successful have, for understandable historical reasons, so far been designed for the abler pupils. It would be idle to pretend that all the rest of the pupils are satisfied or satisfactory customers.

47. Too many at present seem to sit through lessons with information and exhortation washing over them and leaving very little deposit. Too many appear to be bored and apathetic in school, as some will be in their jobs also. Others are openly impatient. They "don't see the point" of what they are asked to do, they are conscious of making little progress: "The reason why I left at fifteen is because I felt that by staying on I should be wasting two years learning nothing. I could have worked harder, but what's the use if you don't

² "Secondary Education For All. A New Drive", H.M.S.O. 1958.

get any encouragement?" argues one girl. A headmaster acknowledges, "There are far too many of our slow and average children who long ago reached saturation point doing tedious and hateful work year after year". They are provoked not only by the tedium of the work but also by resentment at being treated as children: "We had the feeling that if they treated us like little children we'd behave like it". "The teachers were nice but they just didn't seem to go about teaching us as well as we'd have liked. They couldn't control us because they treated us like children, and even kept telling us we were only children."

48. These girls and boys must somehow be made much more active partners in their own education. Whatever their natural endowments, they all need to attain self-respect and a reason for wanting to work well. Unless they do, no one can honestly justify extending the educational process by another year for them. Yet these pupils badly need the extra time, to enable them to grow up a little more as persons, to add to their general knowledge and understanding, and to strengthen their attainments. They are going out into a world of extreme complexity, which will certainly make taxing demands on them in their personal lives, if not in their jobs; and even in their jobs, there is no knowing what may lie ten or even five years ahead for any one of them. They will need all the resources the school can give them.

49. Some of their discontent is related to the restiveness of adolescence which affects all young people in some degree. But others, as well as the pupils, are not happy about the situation. Employers complain not only of poor attainments but of the inadequate speech and inability of boys and girls to manage their dealings with other people. "It is not so much that they are ill-mannered, but that many of them have a complete lack of any social skill". Other contributors to evidence write to us: "We feel bound to record our impression that very many of these less gifted young people are socially maladroit, ill at ease in personal relationships, unduly self-regarding and insensitive; their contact even with their peers is often ineffectual; they understandably resent being organized by adults but show little gift for organizing themselves". These are serious criticisms, certainly not applicable to all our pupils, but not, either, easily to be dismissed. This matter of communication affects all aspects of social and intellectual growth. There is a gulf between those who have, and the many who have not, sufficient command of words to be able to listen and discuss rationally; to express ideas and feelings clearly; and even to have any ideas at all. We simply do not know how many people are frustrated in their lives by inability ever to express themselves adequately; or how many never develop intellectually because they lack the words with which to think and to reason. This is a matter as important to economic life as it is to personal living: industrial relations as well as marriages come to grief on failures in communication.

50. The evidence of research increasingly suggests that linguistic inadequacy, disadvantages in social and physical background, and poor attainments in school, are closely associated. Because the forms of speech which are all they ever require for daily use in their homes and the neighbourhoods in which they live are restricted, some boys and girls may never acquire the basic means of learning and their intellectual potential is therefore masked. Perhaps the boy who said "By the time I reached the secondary school it was

all Chinese to me" was nearer the mark than he realized. This cannot explain the difficulties of all our pupils, some of whom enjoy most helpful home conditions. But it may underlie the relative failure of large numbers of boys and girls, and partly account for the undue proportion of children from working-class backgrounds who appear as below-average.³ If this is so, then here is a problem which can be tackled educationally although research and extensive experiment will be needed to discover the right teaching techniques.

51. There remain other handicaps of environment, besides the linguistic, which may be working against the schools or the individual pupils. The next chapter considers the problems of schools in exceptionally underprivileged areas.

RECOMMENDATIONS

(a) Attention should be given to the functional deficiencies of many schools. Some of these deficiencies are due to overcrowding rather than to the age of the buildings, but others are characteristic of buildings which are totally unsuitable and inadequate; the deficiencies from whatever cause affect adversely the secondary education which can be offered to older pupils. (para. 45)

(b) There is an urgent need for research into the problems of environmental and linguistic handicaps, and of experiment in teaching techniques for overcoming the learning difficulties they create. (paras. 49 and 50; cf. also Chap. 12 para. 291)

³ The evidence is in Chapter 1 of Part Two, Vol. II of "15 to 18". A similar argument is developed in Chapter 21 of this report.

CHAPTER 3

Education in the Slums

52. There is no need to read the melodramatic novelists to realize that there are areas, often near the decaying centres of big cities, where schools have more to contend with than the schoolboy's traditional reluctance. These are the districts where, as Mr. J. B. Mays puts it,¹

"We find many different kinds of social problems in close association: a high proportion of mental illness, high crime and delinquency rates; and above average figures for infant mortality, tuberculosis, child neglect and cruelty. Here, too the so-called problem families tend to congregate. Life in these localities appears to be confused and disorganized. In and about the squalid streets and narrow courts, along the landings and staircases of massive blocks of tenement flats which are slowly replacing the decayed terraces, outside garish pubs and trim betting shops, in the lights of coffee bars, cafés and chip saloons, the young people gather at night to follow with almost bored casualness the easy goals of group hedonism."

53. What does it feel like to be responsible for a school serving such an area? What is the interaction between neighbourhood and school? We asked the heads of schools included in our survey to write freely about their problems. This is some of what they had to tell us.

54. First, the physical surroundings.

From London: The neighbourhood presents a sorry picture of drab tumble-down dwellings in narrow mean little streets, relieved by open spaces made recently by the demolition experts, and the dreary bomb sites that have served as rubbish dumps since the last war. Overcrowding still persists in the remaining slum dwellings where people of all nationalities compete for shelter. The homes of our children are in a deplorable condition. Damp and badly maintained, many of them are over-crowded. Large families live in two or three rooms. Toilet requirements are inadequate, giving rise to difficulties through too much sharing. Slowly the Council building scheme is providing new dwellings in the blocks of flats that are now beginning to rise near the school.

From the Midlands: The school is situated alongside a large sauce and pickle factory, and there is also a large brewery just behind it. The odours of vinegar and beer are constantly present and the air is full of soot particles. Many congested streets converge on the school buildings, the houses in these streets being tightly packed in terraces and courts. They are mainly of the back-to-back variety and accommodation usually consists of one room down, in which the whole family lives, plus T.V., and two to four bedrooms upstairs.

From Yorkshire: The estate was built a generation ago to house the people of the first slum clearance areas of the city. It forms a pocket about one mile from the city centre. The area has no shopping centre, recreation

¹ "Education", 15th June, 1962.

centre or community centre of its own . . . Gardens are a good reflector of the attitude and outlook of householders. Here it is obvious that few take any interest whatever in the appearance of the garden. Fences (iron) were removed during the war and that may be a contributory factor in the dilapidated condition of most.

From Yorkshire again: The area has an exceptionally high deposit of industrial dirt. The school itself has for neighbours two works within twenty yards of the playground wall, and three more within a radius of 200 yards. A railway and a canal are also within 50 yards of the school. Houses are terraced in dirty and badly illuminated streets and most are due for demolition. This has, in fact, already started in some streets in which a number of uninhabited houses offer tempting opportunities for mischief. Only one to two per cent of the houses have indoor sanitation and 36 per cent a hot water supply . . . A large proportion of fathers spend their working life in an atmosphere of heat, dirt, noise and mechanical violence. Communication can only be carried out by shouting and the effects of this can be noticed in the home, in the street and in places of entertainment. There is, therefore, a great tendency for boys to shout at each other in ordinary conversation.

From the Midlands: The children live in back to back houses which are badly designed, badly lit, and have no indoor sanitation—four or five families share one public toilet in the middle of the yard. Few of the children living here have ever seen a bathroom, and in some homes there is not even a towel and soap. Canals and railway lines run alongside the houses giving bad smells, grime and smoke and noise. All these homes have overcrowded living and sleeping quarters, for example, ten or eleven people may sleep in two beds and one cot. The living room usually measures about 10 × 9 ft. and combines gas stove, cupboard, sink and small table. The children are restricted to playing in the small yard or the pavement of the main road.

From Lancashire: The homes are nearly all tenement flats, erected a generation back, or maisonettes or multi-storey flats built within the last four or five years. Almost all the dwellings are well-kept by their own standards, though some of the housecraft ideas are sketchy. A growing number have washing machines in the £80 to £100 class on H.P. All, of course, have T.V. Amongst the girls there is still an obvious need for personal hygiene, even at the level of clean necks and brushed hair for school. Some of the mothers make startling objections to school complaints of head lice, fleas, body odour etc. Nevertheless, there is a great improvement on pre-war standards.

55. Next, then, the population.

From London: In recent years there has been a comparatively large immigration into the area especially from the West Indies, Southern Ireland and Cyprus.

From the Midlands: In most cases the parents, grandparents, and even great grandparents of the present boys are old scholars. The area is a very tightly knit community, and, in some respects, there is a genuine pride in the old school. An increasing number of families are being rehoused on the

outskirts of the city, but many of the houses are being repaired to accommodate coloured immigrants from India, Pakistan and the West Indies.

From Yorkshire: The estate was given a great deal of unfavourable publicity at the outset and the impression made on the rest of the city remains. A clannish attitude tended to develop; strangers were not readily accepted. People who come to live here and have initiative and drive find little co-operation from the remainder so, whenever the opportunity comes, they leave. Replacements are invariably poor both financially and intellectually.

From Lancashire: We have a mixed population of white and coloured people dependent on industries and services closely connected with the port. The coloured population is very mixed from pure coloureds from the West Indies, Africa, India and Malaya to various half-caste groups . . . Families frequently change their address. This is especially true of the coloured children, but on the whole they seem to come from better cared for homes than others.

From Lancashire again: The girls are all drawn from the immediate neighbourhood within an area of a half square mile, all of the same racial and religious stock, Irish and Catholic, and almost all are the children of unskilled labourers who are in full employment. The community is very stable despite recent slum clearance and most of the children are descended from former pupils.

56. This brings us on to family life and general social behaviour.

From London: The children are generally exceptionally friendly, very generous and sympathetic towards one another. On the other hand, some quarrel readily. Tempers flare up instantly on very little provocation and die down just as quickly. Others resort to blows and lose all self-control . . . There is no participation in hooliganism. Very rarely do we find pornographic drawings or remarks in books or on walls. Living in the middle of one of the worst vice areas in London, it is very remarkable indeed to note that the children are surprisingly clean in thought and word and deed . . . Discipline at home seems to come about not so much through any governing principle or convictions, as perhaps by expediency, and is attained largely through fear of punishment, loss of temper, bad language, threats and over-indulgence. The children are often confused and bewildered by these various means . . . Any sort of physical approach, even as slight as a touch on the shoulder, can be received with great resentment and quick defensive action—possibly due to severe and repeated corporal punishment from dad at home. If dad is too heavy-handed, mum often protects the child from such punishment by lying or making light of certain misdeeds. In either case the child soon accepts the fact that he is "getting away with it". Naturally he strongly resents it when he is found out at school.

From London again: The Victorian concept of father still persists. He is the supreme head of the household, his wants are the first attended to, then come those of the sons, then of the mother, and finally, those of daughters. The boys will have a spare-time job and guaranteed pocket-money, for the girls pocket-money can be a matter of chance or the result of domestic work in the home.

From Yorkshire: The girls accept drunkenness as part of the normal pattern. They are amused by it; regard it as the normal way in which to celebrate. Even in good homes the parents will provide cases of beer for a 15 year-old's birthday party. The first form will give detailed accounts in essays of the quite revolting scenes when father comes home drunk. One dainty and sensitive little girl wrote: "You'd have died with laughing at my Dad . . ." In the same way they regard bad language as the normal. When we say that many men do not swear in their homes etc., they accuse us of teasing, or lying. They *know* that we are wrong and say so. Any *real* man swears and drinks. I think many of the "fringe" group of girls are saved from sexual intercourse by the fact that the young men who approach them do so quite openly. They make their requests in the first moment after meeting the girls in the street; and, unless the girls give immediate consent, they leave them to find a more readily obliging partner. If there were "petting parties" first the situation could be very different. At home washing is a real difficulty. The girls have what may seem to the outsider a foolish modesty in these matters. I have learned to see that in some cases they are wise not to undress to wash properly in front of brothers and fathers.

From Lancashire: There are many broken homes. Twenty-two per cent have no father, 5 per cent no mother; these figures may be higher in reality. At home corporal punishment (belting, a crack, a good hiding) is a common punishment. Some of it is severe and I have known a boy run away and sleep out for several nights for fear of the beating which he expected . . . Gambling is common in phases among the boys, with cards, tossing coins etc. Betting on horses and pools is not infrequent, but then fathers send their sons to the local bookmakers to lay bets and collect winnings, even pursuing them into school to retrieve the money. Obtaining money by violence or threat is a fairly common form of bullying younger children.

From Lancashire again: The (Roman Catholic) parish clergy hold a unique position in dockside parishes, however relaxed some parishioners may be in religious observance. The parents are amenable to quite slight pressure from the school, perhaps because the school has been under the Sisters for nearly a century, though the general moral standpoint which we all share has a good deal to do with it. The people are decent and good-living; there are strikingly few broken homes and illegitimate children. Families are still fairly large, and there is a great family sense so that, even when mothers are out at work, there is always some relative, usually the grandmother, to turn to . . . Although there is a great deal of talk of "murdering" and "battering", I have only come across two cases in six years of girls severely beaten by father or mother. The parents are foolishly generous and quite inconsistent in their treatment of the children who are adept at evading consequences. The bad language shrieked from the top balcony of the tenements sounds appalling but appears to be rather a maternal safety valve than a heart-felt threat. Indeed, the children are very much loved and secure in their family affection. Every new baby is welcomed to an extraordinary extent. The girls are very kind to little ones and to the old. I have never come across an instance of rudeness or unwillingness to oblige an old person, though this may be due to caution, since grandparents are still powerful. They are rude to neighbours, carrying on family quarrels with gusto, and fights are common. I have much work in keeping fights out of

school, and it is horrifying how even "good" girls all flock to watch a fight anywhere. The girls will fight as fiercely as the boys if they get the chance. Most girls stay up very late but few stay out. Those who do, stay on the tenement landings in the semi-darkness with the boys. Their main amusements are gambling, singing or cat-calling, horse-play and some sex-play. Sexual laxity is rare in this district under school leaving age. I have had no schoolgirl mothers and only three girls who tried their hand at soliciting or got into the company of a prostitute by choice. Girls marry very young, so, whilst doing all we can to deter them from marriage before 18, we do our best in the Fourth Year course to give them some training for their career as wife and mother.

A final contribution from Yorkshire: What can we do about rehabilitation when girls have got into serious trouble of some kind? In school we have little difficulty. It is easy to pick them up and let them begin again, as regards those who have left we cannot do a great deal. Certainly the fact that Old Girls (especially the weaker brethren) are encouraged to come back to school *whatever* has happened seems to have been useful. We are often able to try to do that part of the task of rehabilitation for both young and old which would have been the business of the local priest or doctor at one time. In these days very few will go to the clergyman—they do not know him. And the doctor is now one of a team—and often they do not know him either. So they come to school, sure at least of a hearing and—"no gossip afterwards".

57. The picture which these heads have so movingly drawn for us make it clear that the social challenge they have to meet comes from the whole neighbourhood in which they work and not, as in most modern schools, from a handful of difficult families. The difference is so great as to constitute a difference in kind. Inevitably their pupils as a whole are not as good at school work as those from more fortunately placed homes. Inevitably, too, their general level of manners is lower and the risk of their falling into delinquency is greater than average. Considering the base line from which schools in slums start, their achievements in formal, personal and social education often equal the achievements of schools in better neighbourhoods. Sometimes indeed they are better. The strict objective test of reading which we applied shows that although the average reading age of their pupils is seventeen months below the average, a quarter of the schools in the worst areas scored an average mark which was at or above the mean for all modern schools in the country. This is a splendid achievement. In the slums, as everywhere else, there are good, bad and indifferent schools. No doubt the failure of a bad school in a slum is more total and more spectacular than in a middle class suburb because of the lack of parental and community support to bolster up the industry and moderate the behaviour of the pupils. But we have no reason to suppose that bad schools are more frequent in slums than elsewhere.

58. What about the schools themselves? We have been careful in this chapter to write of "schools in slums", not of "slum schools". This distinction, however, can hardly be maintained as far as buildings are concerned. Forty per cent of all the modern schools in our sample had buildings which must be condemned as seriously inadequate. The corresponding figure for the slums is 79 per cent. Two illustrations may be given of what 'seriously inadequate'

means. The first is a typical example; the second is worse than typical but by no means unique. They have been chosen because these schools happen to have the best attendance figures in this special slum group. The fact that their attendance is up to or above the average for all modern schools, shows how devotion can overcome difficulties.

A boys' school of 284 pupils. Average attendance 91.5 per cent. A very old building with nine large classrooms. In addition there is an art and light craft room. There is a library, but it is smaller than a normal small classroom, and a laboratory, but it can only take 20 boys at a time. There is a very small hall without a stage but no gymnasium, dining room, medical room, or, indeed, any other special room. Two outside centres provide between them 9 sessions of woodwork per week, in addition to what is done in one woodwork room at school. A playing field is being provided for this and neighbouring schools, but was not in full use at the time of the survey. All school matches have had to be played on opponents' grounds. There is an old swimming bath (70 ft. by 30 ft.) ten minutes away without facilities for diving. Three sessions of 40 minutes are available per week—insufficient for all who wish to swim.

A girls' school of 209 pupils. Average attendance 93.0 per cent. A very old building with 7 classrooms of 480 sq. ft. each, one of which is at present used for art and music as there is no teacher for the seventh class. Four are separated by moveable wood and glass partitions. There is no hall, gymnasium, dining room or special room of any kind. There is a small roof playground, very exposed to wind and weather but no fixed P.E. equipment. Netball is played in the courtyard of nearby tenements. Science has to be based on one corridor cupboard. There is a sink, gas and electricity. There are good cupboards, ironing boards, sewing machines and a fitting corner in one classroom. There is no room for light crafts. Class libraries and subject libraries are kept in portable infant type cupboards. There is sufficient time allocation at a housecraft centre to give the 2nd, 3rd and 4th years one session per week. Four forms each week are able to visit an L.E.A. playing field half an hour away by bus. There is a very old swimming bath with poor accommodation near the school which is available for one hour per week (2 classes).

59. Conditions such as these must inevitably have an adverse affect on staffing. As far as the actual ratio of teachers to pupils is concerned these schools are no worse off than the general run: indeed many of them have a marginal advantage. But all our evidence stresses the need for continuity of teaching and stability in staffing. The heads of schools in the slums have nearly all pointed out in their evidence the value of teachers who are now meeting the second and even the third generation of pupils from the same family. But besides the need for such men and women who have won a place in the tradition of the neighbourhood there is an equally great need for what may be called short-term stability—that is to say stability over the period of a pupil's school life. It is this stability which we have tried to measure in our survey.

60. How many teachers who were in the schools in 1958, when the pupils in the survey were admitted, were still there in 1961? How many had come and gone in the interval? How much bigger was the staff in 1961? The following table answers these questions taking the 1958 staff as 100.

	<i>Men</i>		<i>Women</i>	
	<i>All Schools</i>	<i>Schools in Slums</i>	<i>All Schools</i>	<i>Schools in Slums</i>
1958 staff still there in 1961	64	52	50	33
Teachers who came since and have stayed	50	42	61	68
Teachers who came and went	27	82	44	65

The true situation is probably even worse than these figures since a slight ambiguity in one question led some schools to underestimate the number of transients—small wonder, then, if boys and girls eyeing a new teacher are doubtful whether he will stay long enough to make it worth their while to settle down and really work for him. In these slum schools there was only an even chance that a woman who joined the staff later than the beginning of the Christmas term in 1958 would still be there in September 1961; for men the odds were two to one against. Only a third of the women and half the men had been on the staff for more than three years.

61. Four other ways in which schools in slums fall markedly below the general run follow as almost inevitable consequences from poor staffing and poor premises. First, very few boys and girls want to extend their compulsory school life by even one or two terms. Secondly, the less able pupils spend more of their time in ordinary classroom work than in other modern schools. In only ten per cent of the schools in slums compared with 21 per cent of all modern schools, do the less able pupils spend roughly half or more of their time on "practical subjects", including physical education. Thirdly, only one in eight fourth year pupils belong to school clubs or societies compared with one in four in modern schools generally. Lastly, homework is much less common in schools in slums. Sixty-nine per cent of the fourth-year boys and fifty-nine per cent of the girls get no regular homework compared with forty-nine per cent of the boys and forty-three per cent of the girls in modern schools as a whole.

62. What proportion of all modern schools are what we have called "schools in slums", and what proportion of boys and girls attend them? There is no satisfactory objective criterion of a slum. In the north of England especially there are still a very large number of highly respectable neighbourhoods in which the buildings are so far below modern standards that the houses may well be considered unfit. These are not slums in our definition. Only where there is an unusually high concentration of social problems as well have we classified a neighbourhood as a slum.

63. The particular schools in slums with which we have been concerned in this chapter are not included in our representative sample of four per cent of all modern schools. They are an additional group which was specially selected so as to make sure that we had adequate information about schools working in the most difficult of all neighbourhoods. This additional group was necessary because, although there was only a one in ten million chance that the worst ten per cent would be totally excluded, there was a one per cent chance that the worst three per cent might be unrepresented.

64. It would, of course, be quite wrong to think of a sharp frontier separating slum from non-slum. The transition is gradual and included in our representative sample there are, as it happens, some schools which appear to be as badly situated as any in the special slum group and others which face nearly,

but not quite as difficult a task. Inside the sample we have grouped together all the schools which serve neighbourhoods of bad housing with bad social problems. These we have called "problem areas" to distinguish them from the special group of schools in slums. We know, therefore, the size of the problem areas. Twenty per cent of the schools served "problem areas" and were attended by eighteen per cent of all pupils.

65. If the schools in problem areas are compared with modern schools generally, they suffer in much the same kind of ways as the schools in slums, though not to the same extent. Thus, to take one illustration only, the average reading age of the fourth-year pupils in the problem area schools was eight months lower than the average for modern schools generally. In the schools in slums it was nine months lower still—seventeen months in all. In paragraph 60 the fact that the schools in slums have less stability and more turnover in staffing emerges clearly. This is evidence that the same thing applies, to a lesser extent, in the problem areas, although if we had no data beyond the sample of 150 modern schools the difference would not stand clear of sampling fluctuation. The special group may be regarded as the tail end of a much larger sample.

66. Had it been practicable to have worked with a much larger sample a fairly close estimate of the total number of schools in slums might have been made. The actual procedure gives a rather loose estimate of between three and ten per cent, say, seven per cent with a further thirteen per cent sharing many of the same disadvantages.

67. Nothing that we have seen or heard leads us to believe that the strictly educational problems of the less able pupils are different in slum schools from other schools. The approach which is most likely to succeed in modern schools generally is the most suitable also in the slums. There is, therefore, no chapter in Part Two of our report dealing with their problems in isolation; all the chapters of that Part in our view apply as much to schools in slums as to schools elsewhere.

68. But schools in slums do require special consideration if they are to have a fair chance of making the best of their pupils. They seem to us, for instance, to need a specially favourable staffing ratio. Even more they need measures which will help them to secure at least as stable a staff as other schools. Perhaps this can be secured simply by making it clear that professionally it is an asset to have served successfully in a difficult area, that work there can be intellectually exciting and spiritually rewarding, that these are schools in which able teachers may want to serve and make their career as so many of their gifted predecessors have done. One headmistress wrote to us "the staffing of schools in difficult areas is made more difficult by those administratively responsible who take the line, 'It's no good asking folks to come down here—they wouldn't put up with it'. In fact this is not true. Four able teachers have *asked* to come to this school, and their request has been ignored." Perhaps then a change of wind will be sufficient.

69. But perhaps more tangible inducements may be needed. One suggestion is contained in an appendix to this report. Another might be the provision of good residential accommodation for teachers near the schools. This is something which ought to be examined, however, not only as a device for recruiting teachers, but also for its bearing on the whole life of the community

in which they would then be living as well as working. In helping to solve a purely school problem we might be slightly relieving that uniform residual nature of the population which helps to make a slum.

70. There is another aspect of the staffing problem which also overlaps strictly education boundaries. There is no doubt at all about the need for a good deal of social work in connection with the pupils. Problems of poverty, health and delinquency are involved. Nearly twice as many fourth-year pupils get free dinners as in modern schools as a whole. Twice as many boys are under five foot high, and twice as many under six and a half stone in weight.¹ Among third-year pupils, half as many again as in modern schools generally missed more than half a term's work—two-thirds of them because of ill-health. There is also a worse problem of truancy; half as many again could not satisfactorily explain their absences. One in six of the third-year girls were in this category. We have no hesitation in saying that these figures from our survey taken in conjunction with the general picture given by the heads make a good case for the employment of trained social workers. But should they be school-based? This is a different and more difficult problem. Behind each absence there is a story which may well involve several different social agencies.

71. The fact that 79 per cent of the secondary schools in the slums were seriously inadequate points to the need for a bold re-building policy which is indeed under way. Several of the schools in our survey have already been replaced. It might be thought that a re-building policy at least was something that could be decided on purely educational grounds. It is not so. The general tendency on educational grounds, rightly or wrongly, has been for small schools to give place to larger ones. But the heads of the schools in our special slum group are convinced believers in small schools to meet their special problems which are social, as we have seen, rather than educational. The question of size is also relevant to the problem of how to tackle the welfare of the new immigrants who are often of different ethnic and cultural groups from their neighbours. There are three possible educational solutions. They may attend the local county school in which they will form a distinctive and compact group. If the school is small and draws its pupils from a confined area they may soon provide a quarter to a third of the pupils. Or they may, like the Irish Roman Catholics in many places, attend a voluntary school that is virtually their own. Or they may lose their group identity either by being divided between many small schools, or by being sent to a very big school with a catchment area so large and carefully drawn that they cease to be a conspicuous group. Which is the right decision cannot be settled on purely educational grounds.

72. We are clear, too, that an adequate education cannot be given to boys and girls if it has to be confined to the slums in which they live. They, above all others, need access to the countryside, the experience of living together in civilized and beautiful surroundings, and a chance to respond to the challenge of adventure. They need priority in relation to school journeys,

¹ The average figures for boys, which are free of sampling fluctuation, are
 in height— All modern schools 64.5 in.
 Schools in slums 63.2 in.
 in weight— All modern schools 116.9 lbs.
 Schools in slums 112.5 lbs.

There is no such discrepancy in height or weight for girls. The reasons for this remain a matter for speculation.

overseas visits, and adventure courses. Clearly this is an educational matter, but it is not solely one. Children below school age, young workers, older people—the whole community—need to have a stake in something more than the streets in which they live.

73. In the last four paragraphs we have been concerned with the fact that certain problems which are primarily educational have wider social implications. Whatever is decided by the educational authorities in these matters will have repercussions on other social agencies. It is equally true that decisions made in other fields—in housing, for example, or in public health—will have reactions in the schools. There may well be a case, as has been suggested to us, for really short term residential provision in their own neighbourhood for boys and girls who are in especially difficult or distressing home circumstances, or who may be in danger of lapsing into serious delinquency. If this is so, the relation of such a plan to the schools is something which might be explored jointly by the services which would be involved. In the slums the need for reform is not confined to the schools. It is general. Because no social service is “an island to itself” there may be a case for an inter-departmental working party to plan the strategy of a grand assault, but not at the expense of postponing the opening of the campaign.

74. Here, then, are some of the things that seem to us need tackling if we are to give the schools in the slums a fair chance. The bill we have presented is large. It is larger than it might have been because the account has been allowed to go too long unrepresented. But adequate education in slum areas will always be expensive, more expensive than average. It looks to us as if it has often been less expensive than average, and therefore pitifully inadequate. It is time for a change.

RECOMMENDATIONS

- (a) An inter-departmental working party should be set up to deal with the general social problems, including education, in slum areas. (para. 73)
- (b) Particular attention should be paid to devising incentives for teachers to serve and stay in these areas. (paras. 68, 69)

CHAPTER 4

Objectives

"If your machine was working well . . . you went off into pipe-dreams for the rest of the day . . . You lived in a compatible world of pictures which passed through your mind like a magic lantern, often in vivid and glorious loony-colour".
Alan Sillitoe, *"Saturday Night and Sunday Morning"*.

75. Before they can tackle their problems the schools have to be clear about their ultimate objectives. What ought these to be for our pupils? In any immediately foreseeable future, large numbers of boys and girls who leave school will enter jobs which make as limited demands on them as Arthur Seaton's: can their time in school help them to find more nourishment for the rest of their personal lives than loony-coloured phantasies?

76. Most teachers and parents would agree with us about general objectives. Skills, qualities of character, knowledge, physical well-being, are all to be desired. Boys and girls need to be helped to develop certain skills of communication in speech and in writing, in reading with understanding, and in calculations involving numbers and measurement: these skills are basic, in that they are tools to other learning and without some mastery of them the pupils will be cut off from whole areas of human thought and experience. But they do not by themselves represent an adequate minimum education at which to aim. All boys and girls need to develop, as well as skills, capacities for thought, judgement, enjoyment, curiosity. They need to develop a sense of responsibility for their work and towards other people, and to begin to arrive at some code of moral and social behaviour which is self-imposed. It is important that they should have some understanding of the physical world and of the human society in which they are growing up.

77. Our pupils, because some of them acquire skills slowly, and others only with the utmost difficulty, may be in danger of spending their whole time at school in continual efforts to sharpen tools which they never have opportunity enough to use. They may be kept busy, and yet never have their minds and imaginations fully engaged; and leave school very ill-equipped in knowledge and personal resources. Again, because many of them do not acquire or retain factual knowledge easily, the range of information and ideas to which they are introduced may be seriously inadequate. Yet it does not follow that because they will not long remember everything they have thought and talked about in school—who does?—the experience will be of no value. How is it possible to devise for pupils of only moderate, and in some cases very limited, skills, a content of education which exercises their minds and emotions and feeds their imagination? What kinds of experiences will help them to develop their full capacities for thought and taste and feeling? Without some satisfactory answers, both the individual and society remain that much the more impoverished.

78. There are some aspects of our times which must affect anyone growing up to-day, and of which education ought to take account. This is a world in which science and technology are making spectacular extensions to human

experience; it is also a world in which the threat of nuclear war has been present ever since the boys and girls now in school were born. At homely levels, machines and tools enter increasingly into every-day living. The conditions under which our pupils will work and live out their lives may be very different, even from what their parents now know. All this requires at least a vocabulary for discussion, at many different levels of understanding.

79. This too is a time when economic inter-dependence is bringing the countries of the world much closer together, and sheer factual knowledge of how people of other nations and races and religions live is becoming urgently necessary. For the boy and girl at school, this need not be a matter of geographical and economic abstractions, but of achieving, for example, some compassionate insight into what it means to say that half the world is undernourished, or of learning how to get along with foreign neighbours.

80. This is a century which has seen, and is still seeing, marked changes in the status and economic role of women. Girls themselves need to be made aware of the new opportunities which may be open to them, and both boys and girls will be faced with evolving a new concept of partnership in their personal relations, at work and in marriage.

81. In western industrialized countries, the hours which must necessarily be spent in earning a living are likely to be markedly reduced during the working lifetime of children now in school. The responsibility for ensuring that this new leisure is the source of enjoyment and benefit it ought to be, and not of demoralizing boredom, is not the schools' alone, but clearly education can play a key part. A great deal has been written elsewhere about the impact of all the vastly extended means of mass communication and entertainment. Certainly everybody needs, as never before, some capacity to select, if only in the interests of fuller enjoyment, from the flood of experience continually presented. Our pupils, more than most, need training in discrimination.

82. These are issues especially relevant to the present day. Clearly, there are others, of great importance, particularly those concerned with conduct and with religion, which recur to some extent for every generation. But it is surely not necessary to labour further the point, that there are public events and fields of ideas and of knowledge which have significance for everyone. To ignore them is not only to do a disservice to all young people, but to throw away many obvious sources of interest and stimulus to learning. The experience of some of the most successful teachers confirms that boys and girls can enjoy intellectual effort and respond to aesthetic experiences, even though their own attainments, assessed in terms of "basic skills", may be very modest. Adolescents, at any level of ability, are not indifferent to important aspects of human life and behaviour. They may ask searching questions about the most profound problems. The fourteen-year-old boy, from the lowest fourth year class, who wrote the words quoted below, needed more than help with spelling and punctuation:

"I have many times thought about religion I have gone to many Churches and gone to many meetings to find out the truth about God. I think there is a God but I do not think he his in heaven because men have studied science and found out the moon his far away it his cold and dead and the sun his burning and the stars are billions of years away and the sky is just space so where can God be."

83. How are the schools to set about meeting these deeper educational needs? When parents ask their children what they do at school, the answers tend to be about particular lessons and subjects—arithmetic, woodwork, geography. That is understandable, because that is how the experience of each day is made up. Sometimes, it may seem as if that is all school is about, especially to the more dissatisfied customers, who go on to ask "What's the use?" But it is not the whole of what school really is about. The separate lessons and subjects are single pieces of a mosaic; and what matters most is not the numbers and colours of the separate pieces, but what pattern they make when put together. Some of the most urgent questions which all secondary schools are having to ask themselves just now are about the total patterns of the curriculum, for all their pupils. They are finding that it is not enough to tinker with the separate pieces.

84. That is why it is not possible to offer a short and simple formula for the education of our pupils, in terms of additional lessons in English or more time in the workshop or extra bits of knowledge in this subject or that. The significant thing is the total impact. What will these young people be, and know, and be capable of doing, as a result of their time in school? No sixteen year-old, or even eighteen year-old, is a fully finished product as a human being; but each additional year in full-time education ought to be assisting the pupils in their progress towards maturity, and equipping them a little better to play their part in the world.

85. In trying to fulfil their larger aims, many schools are perplexed by their difficulties over the immediate means. There is potentially a large range of means available, not only in direct lessons of all kinds, but in many out-of-school activities and in the experiences of social and communal life which the school provides. But not all schools are equally well endowed. Some are lacking in particular kinds of accommodation—library or science laboratories or craft rooms or gymnasium; many others are short of teachers, or lacking in teachers with knowledge and interest in particular subjects. These inadequacies are seriously hampering, and we do not wish to minimise them. But they may be less serious in their consequences if a school can build from strength, giving particular emphasis to those educational experiences which it is best able to provide, but not necessarily assuming that there is a fixed range of subjects which must be included at all times for all pupils. There may be more than one way of attaining the same objective.

86. There are, in any case, some objectives which can and ought deliberately to be pursued through every part of the curriculum. Very high in this list we should place improvement in powers of speech: not simply improvement in the quality and clearness of enunciation, although that is needed, but a general extension of vocabulary, and, with it, a surer command over the structures of spoken English and the expression of ideas. That means seizing the opportunity of every lesson, in engineering or housecraft or science as well as in English, to provide material for discussion—genuine discussion, not mere testing by teacher's question and pupil's answer.

87. Discussion should be used to develop judgement and discrimination. This may apply to enjoyment in music or art or literature; to taste and craftsmanship in the workshop; to a sense of what is appropriate behaviour in a particular situation, which will generally involve some consideration of other

people's feelings and points of view; or to an appreciation of what is relevant to the immediate task in hand. It does not follow, because the actual tasks undertaken may be relatively simple, that the pupils cannot be guided into thinking about them critically. They badly need this general strengthening of critical powers. One of the ways in which they are specially vulnerable as young adults is in their inability to see when they are being got at, particularly through some modern sales methods and commercial entertainment. There is much scope for valuable work which schools can undertake with their older pupils, both in consumer studies and in examining the influences extended by newspapers, magazines, comics, advertisement hoardings, films, and television. But it would be wrong to leave pupils with the idea that everything they like is bad, or that all criticism is negative. A sound, positive judgement must start with valuing properly the good things they enjoy.

88. Parents and employers are naturally anxious to be assured in all this that sufficient attention is being paid to basic skills. It is sheer common sense to urge that every possible opportunity, throughout the whole of school work, be taken to provide the pupils with practice in reading, writing and elementary mathematics, and in searching out information for themselves. It may be that pupils will gain some of their most helpful practice in writing outside the English lesson, from trying to give in their own words an account of a science experiment or a geographical expedition. In this way, when they have something definite to say, the pupils may learn the difficult art of writing that simple, straightforward English which is always being commended to them as though it were an easy thing. Work in the craftshop or the housecraft room, or on the school farm, or for that matter in designing the scenery and selling the tickets for the school play, may involve practice in arithmetical calculation, and the point of getting the sums right may seem more obvious than if the same sums appeared in a text book exercise. There are other important aspects of English and mathematics to be covered in school besides these; but every advantage ought to be taken of such direct applications in other subjects.

89. In short, we are saying that whatever lessons appear on the timetable, it is essential that the pupils be helped and stimulated by them to enlarge their understanding and practise their skills; that some direct experience, which can mean, for example, listening to a broadcast or watching a film, as well as actively doing or making things, will often provide the most effective starting point for discussion; that from this they can advance to some critical evaluation, perhaps a search for further knowledge, and to making some written record, where this is appropriate, of what they have been doing. All of this bears a good deal of resemblance, we are aware, to the experience of learning offered in a lively junior school. The main difference at this secondary stage will be that there will be a need to deal with more mature interests and more subtle judgements, and to make more explicit the connections between what is done in one subject and another.

90. There are some teachers who will say that nothing has been stated so far which is not heavily obvious; to them we would reply that there are not enough schools in which these things happen. There are others, including perhaps some parents, who will feel that a target is being set which is quite unattainable by average pupils. Our answer to them is that there are schools in which it is attained, and there ought to be more.

91. In Part Two of this report we are concerned with the detailed content of the school curriculum. We have begun with this general thesis, because discussions of the educational objectives too easily lose themselves in the weighing of rival claims between this subject or that, or in emphasis on the practice of basic skills at the cost of excluding all variety or relevance of interest. We come back to the starting point of this chapter, in affirming that at present many of our boys and girls are educationally undernourished.

92. Some of them are also underestimated and under-employed, in the sense that their occupations in school commonly make insufficient demand on them, and that the total time they actually spend in educational work of any kind may be too little for their age and needs. We shall come back in chapter 6 to the length of the school working day, the need for homework—though not necessarily of a conventional kind—and the role of all those activities which are called extra-curricular; but it may be useful to say at once that we foresee the need, especially as older boys and girls stay on at school, to extend considerably the provision for activities outside the formal lesson programme, and to draw a less sharp line between what is learned in and what is learned outside the classroom.

RECOMMENDATIONS

- (a) Basic skills in reading, writing and calculation should be reinforced through every medium of the curriculum. (paras. 76, 88, 89.)
- (b) More demands should be made on the pupils, both in the nature and in the amount of work required. There is a need to stimulate intellectual and imaginative effort, and to extend the pupils' range of ideas, in order to promote a fuller literacy. (paras. 77-82.)
- (c) The value of the educational experience should be assessed in terms of its total impact on the pupils' skills, qualities and personal development, not by basic attainments alone. (paras. 83, 84.)

CHAPTER 5

Finding Approaches

"The work of the school must not seem, as perhaps it still does, the antithesis of 'real life'."
Report of the Hadow Committee, 1926.

93. A great deal of the evidence presented to us urges that our pupils would respond better to work which is more "realistic" or more "practical". The advice is in an honourable tradition. The view of the Hadow Committee, and of others before and since then, that the schools should provide "an education by means of a curriculum containing large opportunities for practical work and related to living interests", has in some respects long been accepted. Secondary modern schools, and before them many of the senior schools, have for many years given a substantial amount of time to "practical" subjects in their programmes. The schools in our survey were markedly better off for "practical" rooms than they were for libraries, a sign that the need for the former was earlier recognized than the need for the latter. No-one now would question the need for both, in the education of all pupils, whatever their "ability": pupils are not divisible into those who need only tools and those who need only books. But life is not static, and we are still a long way from fulfilling the underlying intention of those earlier recommendations. To satisfy the definition of "realistic" and "practical" in relation to the present day, let alone the years ahead, will require work of a different scale and nature from what was formerly envisaged.

94. Under the name of "practical subjects" in the school timetable are usually included art and light crafts; needlework and cookery; woodwork, metalwork, and sometimes, technical drawing. Various other activities, such as engineering or rural studies, may be found in particular schools, according to their circumstances. (In our own discussion of practical subjects in Part Two, we have employed an even wider definition of "practical".)

95. All these subjects are capable of offering experiences of a distinctive kind, valuable in the education of all pupils. Certainly when the boys and girls come into the secondary schools, these are among the fresh experiences which evoke an enthusiastic response. Even art and needlework, which will have been known in the primary school, take on a different aspect, taught in a special room by a special teacher: the distinctive rooms and equipment are a sign of new secondary status. For the pupils who come unhappily conscious that their past inadequacies are still with them in matters of English and arithmetic, the virgin page of a new subject is doubly blessed. There are other attractions also. These subjects involve physical movement and a variety of activity, and the handling of real objects which may be interesting in themselves. They offer a chance to learn by a direct experience, rather than by a theoretical explanation alone; they may offer, in their more creative aspects, another medium of expression to those who find expression in words particularly difficult.

96. All this is helpful. But there is a danger that, in their traditional presentation, these subjects are made to exist on this capital too long. Are they able, in

the third, fourth and fifth years, to do more than keep the pupils busy as they were in the first two? Do they always do even that? They can do much more, if they are consciously used as an instrument of wider general education. But there is no guarantee that what takes place in a workshop or housecraft room will be automatically more stimulating than what goes on in an ordinary classroom; it all depends on the quality of the teaching. Unimaginative exercises can be as dully repetitive in woodwork as they can be in English. If "practical" work is to be used as one means of revitalizing the programme—and it needs revitalizing—for our pupils, something other than a larger dose of the mixture as before is needed.

97. In Part Two of this report we discuss the handling of these subjects in the classroom situation. Here, we are concerned rather with their function in the pupils' education as a whole. We believe they can indeed offer a satisfying approach to learning for many, perhaps most, of our pupils, as experiences which are worth while in themselves, as activities which can recognizably be related to "real life", and as a stimulus to effort in other learning. We also believe that some of that other learning, in subjects which are not, in conventional usage, "practical", should start more directly from the pupils' experience. In this sense the whole curriculum could effectively be made more realistic.

98. The last years at school need a unifying theme to give them coherence and purpose at a stage when the pupils themselves are growing restive. Such a theme can be found in the idea of preparation for adult life. All pupils have to grow up, and, bright or dull, most of them are only too eager to do so. A great deal has been said and written elsewhere on the early physical maturity of young people today; it is certainly quite clear, long before they leave the secondary school, that they have ceased to think of themselves as children and are beginning to reach out to the life they will lead as adults. It is right that they should. They need some reassurance that what they are spending their time on in school is taking them a step further on the way. Particularly, if they do not learn easily, they need to be persuaded that the effort is worth while. Not everything that a school tries to do for its pupils can be understood by them at the time; their view ahead, and the experience on which they base their judgement, are limited. But they can be shown the relevance to life of at least a substantial part of what is done in school and they should be expected to take something on trust. The schools are wiser than the children and the children expect them to be. So do the parents. This is nowhere more important than in those difficult areas where the whole outer environment seems hostile to education.

99. One way of marking approaching adult status is to give the curriculum a new look for the last two years of school life, and to allow the pupils themselves some choice in the subjects they study and in the kind of programme they follow. This is not uncommon now for the abler boys and girls, but in many schools would be a revolutionary step as far as our pupils are concerned. In by far the majority of schools in our survey virtually no choice or change of curriculum at all was available for any of the less able pupils. It is true that many of the schools were so hard pressed for teaching accommodation of all kinds that they could not see their way to making the kind of provision they would like to make. Others would say that, even were the facilities

available, it is impossible to devise a distinctive programme for pupils who intend to leave before completing even a fourth year, and that they are already doing the best they can for these pupils by putting them into "leavers" groups. These are very pertinent difficulties. Yet it is equally likely that failure, for whatever reason, to provide for these pupils, when special provision is being made for their abler fellows, is to confirm them in the opinion that school is not for the likes of them. It is virtually an invitation to opt out of school work, from the time in the third year when preliminary discussion of the abler pupils' plans begins to take place. Nevertheless, the experience of schools with their abler boys and girls and the valuable experiments of a much smaller number of schools in trying out new patterns of work with their less able pupils, suggest some useful lines of attack.

100. In some areas, but by no means everywhere, it is becoming the practice to offer the abler pupils a choice of courses, or programmes, of which the distinctive feature is a group of subjects broadly related to some occupational interest. Often the special studies give the name to the course—"engineering", "catering", "retail distribution", for example—although the pupils' programme will contain much else besides. We are convinced not only that such courses should be more widely available in all areas—and this implies adequate facilities for them, which many schools at present do not possess—but also that many of the less gifted pupils would respond to comparable opportunities. We nevertheless wish to emphasize in the following paragraphs that all such courses are vehicles of general education, that the occupational interest should not monopolize the whole of the pupils' curriculum, and that they should not be led to expect employment in the given occupation as a necessary consequence.

101. For the individual boy and girl, getting their first job and starting to earn their own living is probably the most momentous outward event confirming that they are "grown up". The initial thrill of this is not likely to be much different whatever the job itself may be. Well before they leave school most young people are beginning to wonder "What is it like to be at work?" and some perhaps, "Shall I be able to manage it?"—especially those who know themselves to be not very clever. The diffident ones, as well as those who are impatient to shake off the leading-strings, need to feel that school is offering them some preparation.

102. The discovery of unexpected reserves of talent among the abler pupils in the modern schools, which has been a very notable feature of those schools in recent years, would lead us to believe that a much higher proportion of school leavers than at present do so could undertake skilled work were the opportunities for apprenticeship or training available. This must be especially true of girls, of whom only a very small percentage enter employment involving any form of training. For these pupils, well-designed courses in schools which, without in any way being narrow trade-training, guided their interests and helped them to see the way ahead into further education and future training for a career, could be of great value both to the individuals concerned and to the country's economic resources. We think it vital that increased training provision should be available for such school leavers.

103. But there remain other boys and girls, who are clearly much more limited in their capacities. It is important not to mislead them into thinking

that they are acquiring qualifications for a skilled trade which they have no prospect of obtaining. And it would be dishonest not to acknowledge that large numbers of young school leavers at present enter employment which involves no skill or special knowledge which cannot very quickly be learned on the job. For them, especially, courses which made use of an occupational interest would be chiefly valuable in providing a more stimulating approach to school work and an incentive to extend their general education.

104. We suggest that for by far the majority of our pupils, courses will need to have a substantial craft or practical element, with an emphasis on real tasks undertaken with adult equipment: this will have important consequences for teachers and for buildings. But we emphasize again that in addition to providing experience in the use of tools and different kinds of materials, and the satisfaction of handling three dimensional objects, the special course work must be made to pay an adequate yield in general educational development.

105. The total amount of specific vocational content in the course will vary with local circumstances. The course must be judged by how far it constitutes a stimulating education, whether or not the pupil eventually takes up a related occupation. Equally, the range of choices in any one school does not need to be very wide. The schools cannot possibly offer courses related to all the jobs which their pupils will eventually enter, nor do they need to do so. Choice itself is important as a symbol that pupils are taking a hand in their own education, and the morale of many boys and girls will be strengthened simply by the sense that what they are doing has some relevance to earning a living.

106. There are several other considerations to be borne in mind. First, we do not think it educationally in the pupils' interest to introduce the specialized work before the fourth year of a five-year secondary course; nor do the greater number of employers appear to wish for the return of trade-training schemes beginning at the age of thirteen.

107. Secondly, a substantial amount of time should be devoted to it, sufficient to indicate that it is taken seriously, and for a satisfying level of achievement to be possible. As a corollary of taking it seriously, where special facilities or equipment may be required, as, for example, in engineering, these should be of a kind and of a scale to allow a real job of work to be done. If, particularly where the number of pupils involved is small, it is not economic to provide such facilities on the school premises then joint arrangements should be made with other schools, or more often perhaps, with colleges of further education, wherever suitable facilities exist.

108. Thirdly, the further down the ability scale are the pupils concerned, the more broadly based must be the courses which they are following. This does not mean that the courses should not have a sound craft and practical content, but that in view of the type of work which these pupils will enter on leaving school, it is clearly not possible for their school course to contain a vocational element directly related to one occupation. It is, however, vitally important that the less able pupils should feel that life at school matters to them. This can be done if the school work is related to life after school as they see it, and to broad divisions of the world of work. It should be possible to develop a school work programme embracing several crafts and practical activities which could be followed on and off the school premises for up to one quarter, or even one third of the school week. It is reasonable to suggest

that such programmes, by engendering a change of attitude, might enliven the whole approach to school of the individual boy and girl. By this the effectiveness of the school's complete teaching programme would also be improved. Something must be done at school to awaken enthusiasm for learning in these young people and we believe that a fundamental change in the curriculum would help in this direction. The vocational element must, however, never be allowed to crowd out activities dealing with other interests and knowledge and experiences, not covered by the special course. These must be taken seriously too.

109. What forms might courses for our pupils take, always accepting that there cannot, and should not, be any stereotyped pattern? In schools and areas which have for some years been providing vocationally-biased courses, mainly for their abler pupils, a wide range of occupational interests is represented. They include engineering, building and other "technical" courses for boys aiming subsequently at skilled apprenticeships in industry; catering, nursing, dressmaking and needlecraft, retail distribution and commerce courses, especially for girls. In areas where circumstances naturally favour them, there may be found courses based on rural and agricultural occupations, or, in a seaside town, courses in seamanship and navigation.

110. Some of these courses could readily be extended to boys and girls from the "average" group at the top of the ability range of our pupils; or could be modified without destroying their distinctive vocational flavour. Engineering courses, for example, at their more demanding level, are designed for able boys likely to become skilled technicians. But they can be found at more modest levels, for boys hoping to become craftsmen: and the content of such a course involving much workshop practice, technical drawing, related work in mathematics, science and English, is capable of considerable variation to suit different capacities.

111. Many of our boys are going to work with their hands, whether in skilled or unskilled jobs. Many of them already own a bicycle and soon after they leave school may hope to own a motor bike; car engines, transistor radios, tape recorders, are all within their range of everyday interests. In not so many years' time, as young married men, they will very likely be busy with domestic power tools and do-it-yourself kits, with home decorating and the building of garden sheds and garages. It would seem wholly sensible to plan courses for some of these boys centring round the use, perhaps the making, of tools; the handling and working of various types of materials; the operating and maintenance of machines. Such work could be realistic in relating its materials and examples to the dominant industries of the area; although a school would need to watch that it did not overproduce hopeful candidates for non-existent vacancies. In a single industry area, the school might think it wise deliberately to introduce the boys to a wider range of interests that they might be better prepared to seek training and employment outside the area when they are a little older. Close consultation with the youth employment service is obviously indicated in all this.

112. Not all boys will have their sights set on the same type of job. There may well be future shop assistants and clerks, as well as garage mechanics and housepainters. But within broad groups of interests, sufficient common ground can be found to provide the basis of several useful types of course.

And even though relevance to the jobs which the pupils will ultimately take up may be quite uncertain, it will often be possible to provide immediate and satisfyingly realistic applications, in projects undertaken for the school—building a greenhouse, or decorating a room or printing the school magazine.

113. On the girls' side—and the two sides are not wholly distinct—similar considerations apply. The main groups of occupations most widely taken up by girls—jobs in offices, in shops, in catering, work in the clothing industry and other manufacturing trades—can all provide the material for courses at more than one level of ability. For all girls, too, there is a group of interests relating to what many, perhaps most of them, would regard as their most important vocational concern, marriage. It is true that at the age of fourteen and fifteen, this may appear chiefly as preoccupation with personal appearance and boy friends, but many girls are ready to respond to work relating to the wider aspects of homemaking and family life and the care and upbringing of children.

114. Commercial courses present both a valuable field of interest for girls, and a problem. "Office" jobs, for understandable reasons, are highly attractive to girls; but they, and often their parents, tend to equate office work with shorthand and typing. The schools would do well to make it clear that the majority of young and moderately able school leavers who enter offices will find themselves on general clerical duties; and that changing commercial practice is reducing the market for shorthand anyway. Moreover, it is extremely difficult to extract from shorthand, unlike many of the other craft skills which may be practised in vocational courses, any general educational content or applications beyond itself. It might, on the other hand, be quite possible to justify the introduction of typewriting alone for many pupils, not as a vocational preparation but as a useful personal skill which could be practised in relation to a good deal of other work, once a modest competence was attained.

115. Some of the hardest questions arise in attempts to provide a distinctive content of work for our weakest pupils; for these boys and girls, very much below average in attainments, the object of any course must be their general personal development above all else. At the end of this chapter we include two examples of attempts to do this; we offer them not as models for imitation, but as possible pointers to some ways of attack.

116. We have concentrated so far on courses evolved around occupational interest. In suggesting that this interest should be used as an approach to secondary education we have assumed that the broad occupational pattern within our society will remain substantially unchanged, at least for the immediate future. We recognize, however, that rapid technological and social development could bring about changes in that pattern which might require further reassessment of the approaches to secondary education. But there is more to life than earning a living, and more to becoming an adult than taking a job. For some pupils, rewarding courses may be built around interests which are not necessarily tied to any occupational theme—hobby interests in photography or gardening or dressmaking or model building or sailing, for example, or in all the wider aspects of home making and marriage. We should regard it as important in any case, whatever the nature of the central studies round which much of the work of the last two years at school might revolve, that there should continue to be room for other activities: high among these we

should place imaginative experience through literature, art, music, drama or dancing, which must surely claim a place in their own right. Although, possibly, every part of the school curriculum could be made to relate to some central theme, there is no reason why it should do so and some good reasons why it should not.

117. Pupils will have personal problems of conduct and belief and need congenial circumstances in which to discuss them. As young adults, they will have to begin to learn how to manage more complex human relations, with their fellows, of the same and of the opposite sex, with older people, in their private lives and in their future jobs. They will need guidance on social manners, in every sense. They will need to acquire some awareness of a wider world beyond the limits of themselves and their jobs. They will need to be helped to understand, at whatever level of comprehension is possible to them, some of the issues of our time. Their full vocation is to grow up as people who can take their place in the world with some degree of proper pride in what they are and in what they hope to attain.

118. To attempt to provide an education which is anything like adequate to all these needs, the schools will need to call into play every possible resource. Throughout this chapter we have suggested that the idea which might give an impetus to learning and lead to more effective methods of teaching is that of preparation for adult life. We believe this to have significance for all the older pupils at the secondary stage of education, but to be especially important for those boys and girls who are at present falling short of their full potential. Very many of "our" pupils we believe to be in that category.

119. *Two examples of courses for pupils of very limited abilities.* The accounts are by the heads of the schools. (We would draw attention to the fact that both of these examples involve a complete re-thinking of the timetable and curriculum; that they make their own demands on buildings; and they require particularly resourceful teachers.)

School A (A large mixed school, in a New Town in S.E. England)

"In September 1960 we had enough of these volunteers to make a separate (Fifth Year) form of thirteen pupils. The motives for staying on were varied. Some were immature physically and emotionally and parents were anxious that they should not be thrust into an adult society for which they were not yet ripe. Others cherished the hope of late development that would surprise us all. A few, including one under the care of the Authority, were very backward and needed the time to become literate. . . ."

The timetable was as elastic as possible with all the basic subjects under the control of the form-master (the Senior Master). There was no division into traditional boys' and girls' subjects. They followed a common course in metalwork and woodwork with a syllabus covering household repairs and "do-it-yourself" projects. Unfortunately shortage of suitable accommodation did not allow a combined cookery programme, although there was some work done together in the housecraft flat. Boys and girls followed courses in home-nursing, typewriting and commercial practice. Religious education and social studies were conducted on a discussion group basis with written work on individual projects. Physical education was also a mixed activity. This took the form of practice and training for such games as badminton and table tennis, as well as a course in ballroom dancing. The

small form became a very happy unit, producing its quota of prefects and doing more than its share in the social organization of the school. Oddly enough, although not considered examination material, there were some who took single elementary subjects in their stride."

School B (A girls' school in a Midlands industrial area, with many social problems.)

"Aims:

- (i) To give the girls opportunities to be socially acceptable, and to behave socially in a way which, in any community, usually falls to the most able;
- (ii) To link their work with their future hope—marriage. The home, the family, the baby, the growing children, are subjects of study. Mothercraft is an essential subject if it is linked practically with real babies, nursery visits (one morning a week throughout the year) and other visits. Personal and household budgeting takes the place of Arithmetic. This is linked practically with as much actual spending, buying and budgeting within the school as can be done. Needlework, for example, becomes much more realistic when this is done on a project basis.
- (iii) To link their school work with life outside, and to bring out-of-school experience into their school work.

An experiment has been tried with the really less able—the lowest 34 per cent, I.Q. generally 70–90.

They have a course consisting of 36 periods a week, allocated thus:

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|-----------|---|
| 3 | periods—Domestic Science, specially designed syllabus. |
| 3 | " Visits by outside speakers from many professions and trades—e.g. theatres, branches of public health, museum and art galleries, industry, public amenities, shops, social work, police, probation work etc., followed by a visit to the appropriate centre. |
| 2 | " English literature in the school library. |
| 4 | " Physical Education. |
| 2 | " Religious Knowledge. |
| 2 | " Art or Embroidery. |
| 2 | " Budgeting. |
| 2 | " Mothercraft. |
| 2, 3 or 4 | —Geography or history project, which is based on field work in the district. |
| 1 | " The art of growing up. |
| 2 | " Music. |
| 9 | " Project. The class is divided into four groups of six or seven girls with a group leader. Projects vary and have to be suited to availability of staff. |

Examples are:

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|------------------------|---|
| A. <i>Needlework</i> | Group A goes out, buys patterns and material, and aims to make a garment in one week. |
| B. <i>Housekeeping</i> | Group B works in the flat. |

C. *Research* Group C works in the local library and museum.

D. *Know your city* Group D does window shopping; follows a local route; finds local information; collects data; visits the city; sends telegrams; makes telephone calls.

A project lasts for three weeks (not necessarily successive) and the groups change round.

Formal work of the old pattern has disappeared. There are no tests, marks, or examinations. Each girl works at her own ability level. There is close correlation between the subjects taught. There need be no lack of depth, and the scheme could be worked out at any level of ability."

RECOMMENDATIONS

(a) The curriculum in the fourth and fifth years at school should be such that pupils are able to see a relevance to adult life over at least a substantial part of their work. (para. 98)

(b) All pupils should be able in the fourth and fifth years to exercise some choice in their programmes of work. (para. 99)

(c) A greater variety of courses should be provided in the fourth and fifth years, many of them broadly related to occupational interests. (paras. 100-102)

(d) This will frequently require more advanced technical equipment and a general reappraisal of facilities for all practical subjects. (para. 103)

(e) Attention to imaginative experience through the arts and to the promotion of personal and social development are no less essential. (paras. 116, 117)

CHAPTER 6

The School Day, Homework, Extra-Curricular Activities

"Our students (young girls attending day-release classes in a very large firm) fall into two broad categories, (a) the smaller number who are busy people, with lives full of interest and activity; (b) the much larger group who are just rather bored with life in general. The second group are well aware of this boredom, and obviously uneasy and unhappy about it, but fiercely resent having attention drawn to it. They find every excuse for not having hobbies or worthwhile pastimes, and assure you that they are far too busy for anything other than the routine pattern of life. When confronted with the suggestions that they might in the future be faced with a thirty hour working week, and, perhaps, six weeks holiday, they looked slightly stunned, then almost scared, and finally nonplussed". Personnel Officer.

120. A number of considerations lead us to advocate a rather longer school day for boys and girls in their last two years at school. At the age of fourteen and fifteen, the majority of boys and girls spend no more time in school than they did when they were seven. A disturbing number appear to leave school under-equipped in skills, knowledge and personal resources. A characteristic complaint of this group is that they are "bored"—with school, with life outside school, and later with their jobs. The peak in the figures for juvenile delinquency persistently occurs in the last year before boys and girls leave school. All our evidence suggests that many pupils are capable of more sustained effort, and show themselves able to respond to opportunities of a larger range of activities. The schools on the other hand find themselves short of time in which to undertake all the things they know to be profitable. Finally, young people still have to face a much longer working day when they enter employment, and some bridging of this gap seems desirable.

121. How should any extra time be used? First, to incorporate into the total educational programme many of those activities which are now called "extra-curricular". The latter word occurs in our terms of reference, and we use it here for want of a better; but our whole thesis in this chapter is that the experiences offered by these activities should form an integral part of any liberal educational programme, and that a curriculum conceived only in terms of formal lessons is unduly restricted. We think heads of schools should have the time and resources at their disposal to be able to plan the programme as a whole, with activities inside and outside the classroom as complementary parts.

122. Secondly, some of the time might be used for what is really a special form of out-of-classroom activity, "homework". The term may be a misnomer for what we have in mind, but again we use it for want of a better. Perhaps some more appropriate name may be found if the concept of what is involved begins to change.

123. The abler pupils in secondary schools are regularly required to do a substantial amount of homework, which considerably lengthens their effective working day. But large numbers of pupils, and the majority of "our" pupils, commonly do none. We are strongly of the opinion that all boys and girls would profit from undertaking some work for themselves outside what is done in lessons; we also think this work could, and for many of our pupils,

especially, should, take more varied forms than what is conventionally recognized now as homework. The task to be undertaken might, for instance, be making a model, or finishing some project in the art or craft room begun in school time. It might be a chance to try some new skill or craft or, for those pupils who wished to learn typing, an opportunity for intensive practice which it may be difficult to provide inside the normal school timetable. It might consist in the group viewing and discussion of a film or television programme. It might be the preparation of material before giving a talk in class, or gathering information for some group project in school: obtaining the information might involve writing letters or direct observation and note making, or visiting a museum, an art gallery, the public library or the town hall. It could be working on the school magazine, or balancing the Young Farmers' Club accounts, or mapping the route of a coming school expedition. The possibilities are almost infinitely varied, and the tasks could be purposeful and demanding but adaptable to circumstances or to the pupil's capacities. They could be made the occasion for reading, calculating, recording and discussion, without being confined to the standard written exercises which traditionally make up a great deal of homework. Some of the work of the kind we have suggested could clearly best be done, and in some cases only be done, with the facilities and equipment available on school premises.

124. We realize that there is value in the pupils doing some work at home, wherever it is practicable: this is one important way in which parents can be kept in touch with what is being done in school, and it brings them into direct partnership with the schools in the business of education. Indeed, some parents, heads assure us, are demanding more homework for their children. But many other heads, especially of schools in difficult urban areas, leave us in no doubt at all that under the conditions in which some families are obliged to live, it is asking the impossible of parents and of children to expect homework to be done satisfactorily. Even where housing conditions are good, large families and small living rooms, or the open-plan design of many modern houses and flats, may make it extremely difficult for boys and girls to have reasonable privacy and quiet in which to concentrate on their work. And some of our pupils do not find concentration easy, even under helpful conditions. Some schools and local authorities have begun to try to meet this difficulty—which exists acutely already for some of the able pupils in grammar schools and elsewhere—by providing quiet rooms for homework, sometimes on school premises, sometimes in public libraries, and teachers have often been generous in volunteering to supervise "homework" sessions. If all pupils were to do homework, there would certainly be a need to extend such arrangements. We would see them as part of a larger scheme of educational provision.

125. Most schools would agree with us in attaching importance to experiences offered outside the formal lesson programme. Already a tremendous range and variety of activities can be found. They include clubs and societies dealing with all kinds of interests: photography, stamp collecting, chess, model-making, boat building, gardening, angling, athletics and sport and games of all kinds; music, including orchestras and choirs, drama and film making—the latter taking very ambitious forms in some schools. There are enthusiastic groups studying local history or a foreign language preparatory to a trip abroad. There are plays and concerts, dances and conferences with neighbouring schools, and a host of enterprises which take place mostly in holiday

times or away from the school premises—visits, expeditions, camps, holiday journeys and residential courses, including, among most recent developments, educational cruises. The list reflects largely the variety of interests and enthusiasms of the teachers who voluntarily direct such activities; it is also an indication of the support and encouragement given by the local education authority and by the pupils' parents.

126. School activities are not merely devices for keeping adolescents off the street, although in some streets it may be very desirable that they should. There are many positive reasons why "extra-curricular" provision is important. For the individual boy and girl, it can mean the discovery of new interests. Some they may carry with them into adult life; others will vanish as quickly as many adolescent enthusiasms naturally do, but there may have been profit as well as pleasure in the experience. It is often a chance for the odd-man-out to come into his own, among the staff as well as the pupils, revealing an unsuspected talent; and for some of our pupils, especially, there may be a gain in confidence from being a member of a much smaller social and working group than is normally possible in class.

127. For the school as a whole, there is a strengthening effect, in bringing together pupils of different ages and abilities who may never work together in lessons; and in teachers getting to know their pupils in a different, more intimate companionship. The gulf which almost inevitably exists in class between teacher and taught, when the pupil is conscious of his lack of knowledge and skill in, say, mathematics, may be bridged when two enthusiasts indulge their hobby in the Brass Band. We quote from an account of a school visit made by some members of the Council.

"The most remarkable feature of the school was its vigorous musical life. The headmaster throws himself wholeheartedly into this . . . because he has a great belief in music as a communal activity which brings together not only members of his staff and boys, but also the staff and girls of the sister school on the same site. Together they run a mixed school band and a mixed choir . . . I watched the head give a trombone lesson to a little group of four boys from the lowest second year form. He obtained from them a remarkable degree of concentration and hard work inspired by enthusiasm. Some of the academically least able boys find a place in both the choir and the band. The present second cornet, who is well down in the bottom fourth-year form, is on the way towards being a professional bandsman".

128. There may even be material gain for the school. More than one school has had a swimming bath built largely by the joint efforts of pupils and staff in their own time, often with considerable help and financial backing from a parent-teacher association. The head of a school in our sample describes, as "an indication of a friendly discipline in a self-help project", the building of an £800 sports pavilion, equipped with showers, by the senior boys and staff, in the evenings and weekends.

129. We share with many teachers a strong belief that "extra-curricular" activities are not merely extras, in the sense of being pleasant but marginal to the main business of learning, although in terms of healthy pleasure and fun alone they would be important. Perhaps in the general sphere of social education, nothing could be more valuable to boys and girls growing up,

than to learn how really to listen to each other, to argue robustly but with reason and good humour, and to tolerate differences of outlook without personal ill-feeling. Opportunities for experiences of this sort occur particularly easily through informal discussion in school clubs and societies. Some activities can provide direct extensions and illumination of what goes on in the classroom; and for our pupils, particularly, by generating a new impulse to learning, they may actually result in an improvement in basic attainments. The pupils who plan and write their own script, and shoot, process and edit their own film in a school club, are bringing into play applied skills in English and science and mathematics, as well as exercising their perceptions and judgement. Just as the pupils who go for the first time to a theatre or to a museum or into the countryside, in the company of someone who can help them to formulate their impressions, may become more articulate, as well as more knowledgeable.

130. Some of our evidence contained salutary reminders that visits cannot be guaranteed to produce the desired effects. "They were fond of taking us on absolutely boring visits to the British Museum", is what one girl remembered of the teachers' well-intentioned efforts. The headmaster of a new secondary school serving a poor district tells the following story of an incident which occurred a few days after the pupils had made their first visit to a London theatre.

"There was a loud bang on my study door and in walked unannounced a lady, clutching a paper bag. 'I have brought these' she said, and shot on to my desk a number of opera glasses—'I found my Charlie with one of these and when I asked where he got them he said he bought them at the theatre by putting sixpence in a slot in front of his seat. I didn't believe him and asked who else had got them so I've been round the houses and collected them because we don't want our nice school to have a bad name, do we?'"

Perhaps in the outcome something was learned after all.

131. The general case for a vigorous "extra-curricular" programme is strong. But whereas one head can write "After school at night the premises are full of boys indulging in all sorts of purely voluntary activities . . .", another describes her "grief and disappointment" at the meagreness of what it is possible for her school to offer. Evidence from our sample shows great disparity between school and school. The reasons for lack of provision vary. Where the pupils travel long distances from scattered areas, transport can present formidable problems. The nature of the school accommodation is another obviously limiting factor, and a large, new school with hall, gymnasium and good facilities for art, crafts, music and sports can be expected to offer much more than an old school in poor and cramped quarters. But the differences are not simply those of town schools and country schools, new schools and old schools, or of large schools and small schools.

132. Some of the most often quoted difficulties centre on staffing:

"We have few clubs and societies here, because my staff have no roots, or travel long distances; or have home responsibilities—husbands, children, aged parents."

"Apart from games and athletics, there are no continuing school clubs or societies . . . half the staff are married women with homes to care for, some with small children to collect from nurseries or schools."

"The school has few societies, notably in sport and music. The contribution in other directions is less than I should like—this is due to the fact that many of the men do extra teaching of some form or another in the evening, and that many of the married women have commitments at home."

"There appears to be a greater pressure of other interests which prevents teachers giving wholehearted attention to preparation, marking and out-of-school activities. These are earlier marriages with consequent domestic responsibilities: remunerative occupations out-of-school . . ."

"A good deal of wasted effort is caught up in the attempt to interest the less able via societies and clubs; they seem no sooner launched than a change of staff renders the spade work useless."

"Interest in school clubs is spasmodic. Up to this year we had a very flourishing angling club. Now, the master-in-charge contemplates marriage and the club is defunct. Similarly the P.E. club."

133. These comments, typical of many, come from the heads of schools in different types of area and in different parts of the country. Although they could be more than matched by the reports of full and successful out-of-school programmes, we quote them at some length to indicate the nature of the difficulties which occur.

134. To this inequality of the school situation must be added the inequalities of the outer environment in which boys and girls spend their time away from school. That the older industrial areas, with poor housing and few outdoor spaces, are at a disadvantage may be expected. What is not always realized is that some of the large new estates, although the housing amenities are good, may have few recreational facilities for young people or adults. In such neighbourhoods, as for rather different reasons in "slum" areas, the school may have an important socially educative rôle in the community.

135. From all this we conclude that extra-curricular activities ought to be recognized as an integral part of the total educational programme, and secured where necessary by administrative provision. Several things follow: first, the school programme needs to be envisaged as a whole, with "curricular" and "extra-curricular" activities planned as complementary parts. Secondly, the regular school day should be conceived as extending beyond the nine-till-four limits. Thirdly, adequate account of this must be taken in the design and equipment of buildings. Fourthly, and most crucial, the implications must be recognized in assessing the total staffing needs of schools.

136. We have come somewhat reluctantly to the conclusion that if the school day is extended, some element of compulsion will have to be introduced into what are now voluntary activities. Otherwise, it will be impossible to plan the programme as a coherent whole, or to estimate the total needs in terms of staffing and facilities, and hence to justify additional expenditure. If school premises are regularly to be available over longer periods, with adequate supervisory staff in attendance, it becomes essential to know whether twenty customers or a hundred and twenty are normally to be expected. Moreover, many school buildings are used by evening institute and other adult and youth groups, and the total demand on the premises must be taken into account by the responsible authorities in their planning. It would undoubtedly be a pity if school clubs had to lose their essentially voluntary nature, but this would be partly offset by the fact that many schools would be able to offer a

much wider range of regular activities than they now find possible; and a large element of personal choice could be preserved for pupils within the general requirement to take part in this side of the school's life. There is, too, to be considered the fact that some of those pupils who live in the most adverse environments, and who most need to be guided into healthy recreational pursuits, will not take part if these are on an entirely optional basis. In their case, the pressures of the area and of their homes may be all against the extension of educational activities, and just as, without the formal raising of the school leaving age, these are the boys and girls who will continue to leave at fifteen, irrespective of their abilities, so they are the ones who will have least to do with additional school activities, unless some definite requirement is made of them. At the same time, if the school day is to be lengthened at all, the schools must face an even more urgent responsibility to see that what goes on both in lessons and after them is genuinely rewarding: there is no point in merely extending the period of boredom.

137. A start might be made by requiring all pupils in their final two years of school to stay on for one or two "extra" sessions a week, for any activity of their choice, and the choice could be very wide. They could be encouraged to stay on at other times to do their homework, to work for themselves, or to take part in additional clubs or societies or in occasional general sessions which brought several groups together socially. If the habit grew, and a pattern were established of a generally longer school day, then there would be opportunity for greater flexibility in the planning of the "day" and the school timetable as a whole. Many sporting and athletic activities, for example, might be transferred to the early afternoon, especially in winter time, and some lessons take place in the later session. This would indeed be a blurring of the edges between the two parts of the educational programme, and would in some ways bring the county school nearer in the shape of its working day to that of the independent boarding schools. There would be ample scope for variety and experiment.

138. We have not felt it wise to specify the precise way in which the working day should be extended, because there is an obvious need to experiment with different patterns according to the local situation and the circumstances of the individual schools. Depending on the distance the majority of pupils live from their school, they might stay straight on at the end of the afternoon, with perhaps a short break for tea which they could very well organize largely by themselves; or they might go home for early tea, changing out of school uniform if they wished, as a mark of greater informality, and return later, to clubs and societies which in this case might extend into the early evening. Where the latter pattern was preferred, it would often be possible for boys and girls who had only just left school to continue with the sports or music or drama or handicraft they had enjoyed, at least for a year or so until they had had time to form new friendships and find new outlets for their interests in more adult groups. Putting older pupils, and young ex-pupils, into touch with local adult organizations clearly ought to be one of the school's objectives and where school premises are also used for evening institute, youth club, or similar activities, some overlapping would not necessarily be a bad thing. The experience of the Cambridgeshire Village Colleges has shown that suitable provision for schools, youth groups and adults on the same premises is practicable.

139. Within the agreed general policy of the local education authority, a large measure of responsibility and discretion should be left to the head for evolving a programme best suited to the pupils and the local circumstances. In some cases, a group of neighbouring schools might work out a joint programme, pooling their resources. This could have especial value for adjacent, single-sex schools, bringing boys and girls together for some activities.

140. Written evidence we have received, as well as discussions with witnesses, leads us to believe that in some areas local education authorities and schools would be willing to experiment with the idea of a three-session day; that is, there might be two sessions, morning and early afternoon, corresponding to the existing formal school day; and a third session in which, on any one day, a substantial number of pupils would be on the premises engaged either in some piece of individual work or hobby, or taking part in various informal group activities. In addition, there would be many possible extensions of this to activities under the aegis of the school taking place elsewhere than on the school premises. We think it highly desirable that official encouragement—including financial support—should be given to some experiment. From a few pilot schemes, preferably in areas of different types, the possibilities and costs could be tested, and some policies formulated for more general application.

141. A decisive factor in any scheme would be staffing. Under the present system, many schools have been extraordinarily lucky in the generous voluntary service of the teachers in out-of-school hours. But, as our examples have shown, by no means all schools are as fortunately placed, and extra-curricular activities sometimes founder altogether for lack of people to lead them. We acknowledge the real difficulties which the schools face, but we do not regard the difficulties as insuperable. In our opinion, and we believe in the opinion of the large majority of teachers, these activities represent a proper part of the teachers' professional responsibilities in the education of their pupils, and we do not accept, for instance, that married women cannot be expected to contribute. Indeed, some schools assure us that married women members of their staff give invaluable service in this field. Married women with small children represent, we recognize, a special category of teachers for whom exceptions ought reasonably to be made.

142. At the same time, we realise that to extend extra-curricular provision for all pupils on a large scale, particularly if the school day developed on a three-session pattern, would in some schools be to risk placing an intolerable burden on those teachers who are already doing most, unless staffing resources were supplemented in some way.

143. It is clear that the total number of staff needed for one kind of educational activity or another would be greater. That, in a time of continuing and acute teacher-shortages, must give us pause. But there might be room in the educational scene to draw far more on the special knowledge or skills of persons outside the school. Just as we should see some advantages, in bringing into the formal school programme people with particular talents and experience—nurses, social workers, people from commerce and from industry—to contribute from time to time to courses for older pupils, so we think that in the extra-curricular programme there might be even more room

for enlisting individuals with special interests. If a group of boys and girls wants to take up photography or badminton or learn a musical instrument, persons other than qualified teachers may be well capable of instructing and inspiring the group. We might be able to supplement our valuable short-supply teachers with other activity-leaders, and at the same time effect a helpful interchange between the schools and the general community.

144. We note also with interest that in different parts of the country experiments are taking place in joint appointments of teacher/youth leaders or teacher/wardens, who are attached to the school staffs and who spend part of their time teaching in school, part of their time working with young people in the evenings. These are developments which might foreshadow a more flexible teacher's day and a different range of responsibility for some members of the staff. Quite apart from any possible reorganization of the school day, we think it highly desirable that over the next few years thorough-going experiments in this type of joint appointment should be tried.

145. We recognize that the proposals contained in this chapter carry many implications for the total staffing resources of the schools, for conditions of service and for salary structure. Increased financial expenditure would certainly be required. The complex problems involved call for expert investigation in consultation with the professional bodies: we consider that such an investigation should be urgently undertaken.

146. There are many implications also for buildings and equipment. The designs of schools would have to allow for more continuous and intensive use of the premises in many instances. Social and recreational areas would assume a new importance, and have to be provided on a more generous scale than has been usual in the past. School provision would need to be planned in even closer conjunction than it now is with provision for other youth and adult needs. Closer administrative and financial co-operation would be required between the various authorities concerned with all the aspects of education and the social services.

147. Any local scheme would need to take careful account of existing youth service provision in the area. We do not regard any of the suggestions we have made as essentially setting up rivalries between school activities and those of other organizations for young people. In our own survey, rather more than half of all the boys and girls belonged to no club or society of any kind, whether school-based or organized by an outside body. Without advocating mere gregariousness as itself a virtue, it is safe to say that the total provision for organized activities for young people of this age group could with advantage be increased. Secondly, although a measure of overlapping between what a good school can provide and what a good youth club can provide is no disadvantage, in the main, the contributions of the two will be complementary rather than identical. Many young people, at different stages of growth, feel the need for support by belonging to groups of different kinds at different times. In addition to all the range of out-of-school activities which a good school can offer, there is probably always a need for contacts of a different kind for some pupils—particularly those who have not felt themselves successful in school.

148. Where schools and separate youth organizations share premises, there is everything to be said for the maximum informal consultation between the

two, and for mutual assistance and consideration. Just as, if central recreational facilities under the youth service were being planned, it would be desirable to take account of the interest and needs of schools in the immediate area. Some of the staffing experiments we have advocated would tend to make for generally easier co-operation between the two services concerned with young people.

149. We ought not to close this chapter without reference to an extra-curricular development which a great deal of our evidence confirms is specially significant for our pupils. That is, the experience of living away from home for a short period, in a fairly small and intimate group, and in a novel environment. This is variously achieved through school journeys and expeditions, camps, or residential courses of different types, lasting, generally, anything from a weekend to a month. In an earlier chapter we noted with admiration the enterprise of many schools in this respect. It is not our purpose to describe here in detail all that takes place; but to draw attention to the particular values that such experiences may have for the pupils for whom we are especially concerned. We not not doubt their value for all pupils.

150. The residential courses (and we use this term here to refer to all residentially based activities) take many forms. Some of them lay great stress on strenuous, outdoor, physical activity: some schools successfully combine courses of this kind with work in school for the Duke of Edinburgh's award scheme; and one school known to us in Scotland integrates an "Adventure Course" with its normal curriculum. Other courses are based on field studies of local plant and animal life, geography, geology, or history. Others again may aim at introducing young people to new recreational interests—in art or music or drama, as well as in sports. And the shorter courses often take the form of conferences, dealing with a range of subjects and interests most likely to be of value to young people just before they leave school, including preparation for the transition to work. Variety is to be welcomed. Not all pupils' needs or interests are the same, and there would be nothing at all to be gained from uniformity.

151. Most, however, of these undertakings have important features in common. By introducing boys and girls to fresh surroundings, and helping them to acquire new knowledge or try their hand at new skills, they provide a general educational stimulus. Many pupils, including some who were far from successful in normal school work, seem to come back with a new zest for everything they do: one headmaster described girls returning from a three-weeks' residential course as "having a sort of glow about them". And we have been interested to see, in a group of case-studies made available to us by one local education authority, that both the parents and the first employers of boys who took part in an exacting course in their last year at school subsequently remarked at their confidence and responsible attitudes.

152. There is little doubt that many pupils benefit from these experiences in their personal and social development. This is partly the direct result of living continuously in a small community: the less able and the more diffident pupils under these circumstances are encouraged and even obliged to play a more significant part than may normally be possible in the much larger community of the whole school. And in residential, even more than in other out-of-school activities, pupils and teachers enjoy a closer companionship.

For the pupils who come from difficult home backgrounds and live in socially deprived neighbourhoods, these can be opportunities of special help. Girls, in particular, are often desperately anxious for guidance in matters of speech and behaviour, in dealing with everyday social situations and personal relations. For some, the mere fact of abstracting them from their normal surroundings is of great significance.

153. We have tried to gather information, with the help of many local education authorities, as to the scale on which residential provision of any kind exists, and is used, throughout the country. Although we have received many helpfully detailed replies, it has proved impossible to arrive at any picture of the national situation. Local policies vary greatly, as between providing residential centres owned and maintained by the authority or leaving the schools to make their own arrangements through outside organizations. Costs to the providing authorities and to the parents also vary. The courses may be staffed by teachers from the schools, by permanent wardens at the centres, or by a mixture of both; some authorities, but not others, provide additional supply teachers for the schools, to replace members of the permanent staff who are away with a group of pupils on a course.

154. We could arrive at no approximate estimate of the total numbers of secondary pupils in any one year who participate in residential courses of any kind, or of the percentage of their age group they might represent in any given area. Least of all could we discover what proportion of "our" pupils, as opposed to the academically more able boys and girls, actually took advantage of the opportunities available. But the impressions of a good many heads of schools suggested that, although the less able pupils were encouraged to participate, they generally did so in much smaller numbers. We noted, however, with equal regret, that some heads, while being keen to send their least able boys and girls, were reluctant to allow other pupils to miss even two or three weeks of normal school, because they were potential examination candidates—even though in some cases, the examination in question was more than a year away.

155. It was not possible to estimate how far provision matches demand—partly because demand itself is stimulated by the opportunities available. It was notable that some of the authorities who already appear to have the largest and most wide ranging schemes are also those who are planning to extend their provision to meet an ever-rising demand. One such authority has announced that "convinced of the value of short-stay residential courses, the Committee have asked for arrangements to be made so that, in the course of his secondary school life, every child in the county has the opportunity of at least one short-stay residential course." Another envisages ultimately establishing a number of "boarding annexes" in different parts of the country, each assigned to a group of day schools; they would be used then not so much as centres for special courses, as regular extensions to school life.

156. We welcome these developments. We also consider it most desirable that as soon as possible a joint survey be undertaken by the Ministry and the local education authorities to establish accurately the scale on which provision is already available; how far it is meeting existing demand; and what costs would be involved in extending the provision to a much larger number of pupils, whilst preserving the variety of opportunities which is clearly so

valuable in itself. We are in no doubt at all that many more boys and girls, not least among our pupils, could and would, respond to additional educational experiences of this kind.

RECOMMENDATIONS

- (a) The hours spent in educational activities should be extended for pupils aged fourteen to sixteen. (para. 120)
- (b) Some form of "homework"—liberally interpreted—should be required of all pupils. (paras. 122 and 123)
- (c) "Extra-curricular" activities should be recognized as an integral part of the educational programme and secured where necessary by administrative provision. (para. 135)
- (d) Some experiments by local education authorities and schools in different types of extension of the school day, including a "third" session in the late afternoon and early evening, should be encouraged by the Ministry. (para. 140)
- (e) The total demands on the staffing strength of the schools, and the possible implications for conditions of service, should be reassessed in light of these developments. (paras. 142, 143, 145)
- (f) There should be more experiments in joint appointments of the teacher/youth leader type. (para. 144)
- (g) The design and equipment of buildings should allow for extended use, including that by other educational and social services. The closest co-operation is needed between all the authorities and agencies involved. (paras. 146, 149)
- (h) A joint survey should be undertaken by the Ministry and the local education authorities to establish accurately the scale on which provision for residential courses of all types is available; how far it is meeting demand; and what costs would be involved in extending the provision to a much larger number of pupils. (para. 156).

CHAPTER 7

Spiritual and Moral Development

"It shall be the duty of the local education authority for every area to contribute towards the spiritual, moral, mental and physical development of the community."

Education Act, 1944

157. The nearer we got to the boys and girls on whose education we have to advise, the more it was brought home to us that Parliament gave the schools a difficult but not an impossible task when it told them to foster their spiritual and moral development. We learned that those who tried with sincerity and ability to do this found that they were not only fulfilling a statutory obligation, or discharging a social responsibility; they were meeting a felt personal need of their pupils. Most boys and girls want to be what they call 'being good' and they want to know what this really implies in the personal situations which confront them. This is difficult enough, but it is not sufficient. They want also to know what kind of animal a man is, and whether ultimately each one of them matters—and, if so, why and to whom. And they want to be told the truth. "It is no use", we were told in discussion, "putting up a smoke screen and retiring in flight behind it". The teacher who is not prepared to expose himself in honestly grappling with these ultimate problems had better leave them alone. His lessons must carry conviction. This is not the same as trying to convert his pupils. Above all, they don't want to be "got at".

158. The best approach to this subject is perhaps to look at the problem as it confronts a typical county secondary school and consider how it can best be tackled. In Church of England or Roman Catholic voluntary schools the situation will be markedly easier in some respects, but not in all. In county schools the first factor to be reckoned with is that the staff will probably be divided in their philosophical and religious allegiance. Some will be committed Christians. True, they will be of various denominations; but this is much less likely to affect their working together in the schools' part of religious and moral upbringing than would have been the case a generation ago. Other teachers may well be definite agnostics or "scientific humanists". Between these two committed groups there will almost certainly be a middle range of teachers who may not be very sure of what the Church believes, who may not necessarily believe all that they remember of what they themselves were taught, but who gratefully acknowledge their Christian heritage and are anxious that it should not die with them. In all this the secondary school staff room is not very different from any group of Englishmen in the middle of the twentieth century.

159. The second factor to reckon with is the questioning spirit of adolescence. This does not mean that there are no questions in primary schools and in the lower forms of secondary schools. They abound, but they are of a different nature. They are asked in order to acquire information, not to display or to resolve intellectual doubt. Boys and girls who used to ask enquiringly "What do we do?" or "What's that?" now commonly react with "Why should I?"



49th Report
of the Commissioners of Her Majesty's
CUSTOMS AND EXCISE
for the year ended 31st March
1958

Presented to Parliament by the Financial Secretary to the Treasury
by Command of Her Majesty
December 1958

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To the Lords Commissioners of Her Majesty's Treasury

1. We have the honour to submit our Report for the year ended 31st March, 1958. It is the 102nd Report relating to the Customs, the 101st relating to the Excise and the 49th relating to the Customs and Excise jointly since the two branches of the Revenue were amalgamated in 1909. The Report is as usual followed by a statistical Appendix.

Reconstitution of the Board

2. In August, 1957, Mr. A. W. Taylor, C.B., left the Department to take up an appointment at H.M. Treasury and Mr. F. N. Roberts, C.B., C.B.E., retired from the public service at the end of September. Mr. G. Imms, Mr. C. H. Blake and Mr. K. B. Pepper were appointed Commissioners as from 1st October, 1957, and at 31st March, 1958, the Board was constituted as follows:

Chairman:

Sir James Crombie, K.C.B., K.B.E., C.M.G.

Deputy Chairman:

Sir Douglas Owen, K.B.E., C.B.

Commissioners:

Mr. J. E. B. Finlay, O.B.E., T.D.

Mr. G. Imms

Mr. C. H. Blake

Mr. K. B. Pepper

Province of the Department

3. The primary function of the Department is to collect and administer the revenues of Customs and Excise, and to detect and prevent evasion. The wide range and diverse character of the Customs and Excise duties, together with the Purchase Tax, have their counterpart in the methods of revenue control which have to vary according to the nature of the duty and the kinds of goods or transactions concerned. Their general purpose is to secure equity and certainty in administration, and to seek to reconcile the public interest in economy of collection with the convenience of the particular traders through whom most of the revenue is received.

4. In addition, the Department performs many non-revenue functions and also collects in Northern Ireland and the Isle of Man certain revenues on behalf of the Governments of those territories. The non-revenue functions, which include certain aspects of import and export licensing and exchange control, the compilation of the external trade returns, and the enforcement of various restrictions on importation, are described in more detail in paragraphs 81 to 91.

Legislation

5. The following legislation, closely affecting the work of the Department was enacted in the year under report. The substance and effects are given later in the Report, as indicated:—

(1) The Finance Act, 1957 (paragraph 6).

(2) The Hydrocarbon Oil Duties (End of Temporary Increase) Order, 1957 (paragraphs 7 and 31).

- (3) The Customs Duties (Dumping and Subsidies) Act, 1957 (paragraph 52).
- (4) The Cinematograph Films Act, 1957 (paragraph 88).
- (5) The National Insurance (No. 2) Act, 1957 (paragraph 30).
- (6) The Entertainments Duty Act, 1958 (paragraph 42).
- (7) The Isle of Man Act, 1958 (paragraph 12).
- (8) The Import Duties Act, 1958 (paragraphs 13-14).

THE CUSTOMS AND EXCISE REVENUE

General

6. **The 1957 Budget.** The Finance Act, 1957, contained a number of provisions affecting indirect taxation:—

- (1) the entertainments duty was removed from admissions to entertainments other than cinematograph and television shows, the scale of duty for which was remodelled and reduced;
- (2) the law governing exemption from entertainments duty was recast and the scope of the exemption for cinemas in rural areas was extended;
- (3) a new duty was imposed on television receiving licenses at the yearly rate of £1 per licence;
- (4) the rate of Purchase Tax on a wide range of household goods was reduced from 30 per cent. to 15 per cent.;
- (5) the application of the Provisional Collection of Taxes Act was extended to the Purchase Tax;
- (6) the Customs duty on hops was placed on a permanent basis;
- (7) authority was given for average rates of duty to be charged on composite goods to take account of the duties chargeable on their ingredients;
- (8) certain Regulations on Imperial Preference were made subject to annulment by Resolution.

Of the items mentioned only (1), (3) and (4) were of major significance to the revenue.

7. **The Hydrocarbon Oil Duties (End of Temporary Increase) Order, 1957,** removed as from 9th April the additional charge of 1s. 0d. a gallon on hydrocarbon oils which had been imposed in December, 1956, consequent on the restriction of oil supplies due to the closing of the Suez canal.

8. The above changes are described more fully later on in the relevant sections of the Report.

9. **The yield of the Revenue.** Net receipts at £2,152·2 million were somewhat higher than the figure of £2,108·4 million for 1956-57. The variation between net receipts (excluding deposits not appropriated to goods, as shown in Tables 4 and 6) and the estimated amount due on a receivable/payable basis was again small, less than 0·05 per cent. We explained in our last Report that the duties with which we are concerned have to be paid either before the goods are removed from official charge or within a short statutory period of the date when liability arises. The amounts outstanding at the end of the financial year are in practice therefore no more than a very small proportion of the receipts and these are, in turn, offset to a varying extent by amounts due to be paid out by way of drawbacks and allowances.

10. **The economy and the Revenue.** At the beginning of the year the effects of the closing of the Suez canal were still apparent in the restrictions on oil

supplies and the high level of import prices. Petrol rationing ended in May, 1957, and this rapidly revived the demand for motor cars, thus augmenting the revenue from Purchase Tax, but the consumption of petrol was slow to return to the level where it counterbalanced the effects on the hydrocarbon oil revenue of the withdrawal of the duty supplement imposed after rationing began. Import prices fell during the year, but the average level was only a little below that for last year, so that the effect on the yield from the ad valorem Customs duties was small. A small general increase in consumer demand during the year was reflected in several heads of revenue, notably alcoholic drink, tobacco, betting, protective duties and the Purchase Tax. The revenue from Purchase Tax was augmented also by the rise in internal prices. Expenditure on the cinema ran contrary to the general trend and this, as well as the duty reductions in the Budget, depressed the revenue from the entertainments duty.

11. Imperial Preference. In the Finance Act, 1957, provision was made for the Board of Trade Regulations on Imperial Preference made under the Finance Act, 1933, to be subject to annulment by a resolution of either House of Parliament, as was already provided for the similar Regulations made under the Finance Act, 1919. Both sets of Regulations were subsequently replaced by one set covering all manufactured goods eligible for Preference, viz. the Import Duties (Imperial Preference) Regulations, 1957, which came into operation on 1st September, 1957. The Regulations prescribe the percentages of Empire content required for manufactured goods to qualify for Preference, and how Empire content is to be calculated.

12. Isle of Man. On 30th October, 1957, the Home Secretary signed an agreement between the Government of the United Kingdom and the Government of the Isle of Man to free the Island from Treasury control as exercised under the Isle of Man Customs, Harbours and Public Purposes Act, 1866. The agreement provided that the Island should be free to fix its own Customs duties and purchase tax, but that the rates of duty and tax levied in the Island would normally continue to be the same as in the United Kingdom. The agreement was implemented by legislation at Westminster (the Isle of Man Act, 1958) and by corresponding legislation by Tynwald. The Department continues to be responsible for the collection of the Customs duty and Purchase Tax on behalf of the Insular Government.

13. The Import Duties Act, 1958. This Act, which received the Royal Assent on 20th February, 1958, integrates the protective duties into a single structure and contains authority for the introduction of an entirely new tariff classification, based on the internationally agreed Brussels Nomenclature, for all imported goods, including those chargeable with revenue duties. The Act empowers the Treasury to bring these changes into effect by order not earlier than 1st January, 1959. From the date* when they come into force there will be only one type of protective duty chargeable under the new Act instead of the variety of protective duties chargeable under previously existing legislation (see paragraphs 53 to 58 of this Report) and the new classification for imported goods will be introduced into the Customs and Excise Tariff.

14. The effect of the adoption of the Brussels Nomenclature as the basis for the classification of imported goods was explained in a White Paper entitled "The Proposed Implementation by the United Kingdom of the Convention on Nomenclature for the Classification of Goods in Customs Tariffs" (Cmd. 305) published by Her Majesty's Stationery Office in November, 1957. The effect of the Import Duties Act, 1958, will be more fully explained in our Report for the year ending 31st March, 1959.

* The Import Duties (General) Order, 1958, made in June, 1958, brings them into effect on 1st January, 1959.

The Revenue in Detail

Spirits

15. There were no changes in the rates of spirits duty during the year. A modification of procedure, designed to keep revenue practice in line with modern conditions, was introduced by the Spirits Certificates Regulations, 1957, which permitted the use of a spirits trader's consignment note or other similar document as a certificate for revenue control purposes.

16. The duty receipts in 1957-58 from imported and home-produced spirits totalled £135.1 million compared with £131.1 million for 1956-57; the quantity on which duty was paid rose from 12.9 million proof gallons to 13.2 million proof gallons.

17. Complete information is not available about the disposal of spirits after payment of duty or about the form in which they are eventually sold and consumed, because gin and other compounded spirits are made from duty-paid spirits of other descriptions. However, it is estimated that the total quantity of spirits on which duty was paid was made up approximately as follows:—

	<i>Million proof gallons</i>
Whisky produced in the United Kingdom	5.9
Gin and other British compounded spirits	4.2
Rum (excluding rum believed to have been used in the manu- facture of gin)	1.4
Brandy	0.7
Other imported spirits	0.5
Spirits granted rebate of duty for medical or scientific use ...	0.5
	<hr/> 13.2

18. Whisky again accounted for most of the increase in revenue; its estimated consumption rose by about 0.3 million proof gallons. Of the total consumption of dutiable spirits, whisky alone represented nearly 45 per cent. and whisky and gin together represented over 76 per cent.

19. The consumption of imported spirits, including rum, was virtually unchanged from the previous year.

20. United Kingdom exports of whisky in 1957-58 totalled 18.1 million proof gallons, over a million and a half proof gallons above the figure for 1956-57. The United States of America and Canada were again our biggest customers and between them took 11 million proof gallons, of which the U.S.A. accounted for 9.9 million proof gallons.

21. The quantity of spirits delivered for duty-free use for methylation in 1957-58 amounted to 19.6 million proof gallons compared with 19.9 million proof gallons in 1956-57. The quantity of ethyl alcohol delivered for other duty-free uses (e.g. in various manufacturing processes) was 29.2 million proof gallons in 1957-58 against 42.5 million proof gallons in 1956-57.

Beer

22. The consumption of beer showed little change at 25.37 million bulk barrels in 1957-58 compared with 25.39 million bulk barrels in 1956-57. Owing to a slight increase in average gravity (see below), the revenue increased slightly by £0.16 million to £261.1 million. By comparison with 1956-57, increased receipts during the first half of the financial year were largely offset by a lower yield during the second half.

23. The average gravity of beer brewed in the United Kingdom during 1957-58 was very slightly higher at 1,037.48 degrees. During the six months April-September the average gravity was 1,037.26 degrees; during the winter months, when a higher proportion of strong beer is brewed, it rose to 1,037.75 degrees.

Wine

24. Once again the overall consumption of wine in 1957-58 showed a substantial increase (0.9 million gallons) above the previous year. The duty receipts amounted to £21.6 million.

25. The increase relates to still light (mainly table) wines the quantity of which rose by almost a million gallons to 7.3 million gallons. It should, however, be borne in mind that some light wines may be used, after duty has been paid, for blending with heavy wines before sale. There was a slight drop in clearances of heavy wines, both foreign and Commonwealth, but the consumption of sparkling wine continued its gradual but steady increase.

British Wine

26. The quantity on which duty was paid in 1957-58 decreased by 0.3 million gallons to 5.4 million gallons, resulting in a small reduction in the revenue yield compared with last year (£3.3 million as against £3.6 million). The proportion bearing duty at the lower rate applicable to still light wine remained virtually unchanged at approximately 90 per cent.

Tobacco

27. The tobacco duty has the largest yield of any single head of revenue administered by the Department. The receipts from this duty in 1957-58 were £712.5 million, £10.7 million more than in 1956-57.

28. The rise in clearances for consumption in the United Kingdom which had been halted last year was resumed again in 1957-58 when they amounted to 241.9 million lb. compared with 239.0 million lb. in 1956-57. Imports of unmanufactured tobacco at 309 million lb. were at the same level as in the previous year, as also were bonded stocks.

29. Once again the amount and the proportion of Commonwealth tobacco cleared for United Kingdom consumption increased from the previous year, clearances rising by 4.3 million lb. to 120.5 million lb. The proportion of Commonwealth tobacco cleared was a little under 50 per cent., against 48½ per cent. in 1956-57.

30. The National Insurance (No. 2) Act, 1957, which provided for payment of increased retirement and non-contributory old age pensions, simultaneously brought to an end the tobacco duty relief scheme, under which recipients of such pensions obtained relief from part of the duty on some of their purchases of tobacco. The annual cost of the scheme, which began in October, 1947, and came to an end on 27th January, 1958, rose from £8.7 million in the first full year of operation (1948-49) to £16.3 million in the last (1956-57), and was £15.0 million in the year 1957-58. The number of pensioners enjoying the relief rose year by year from about 1½ million to 2½ million. In the 10½ years of the existence of the scheme the amount paid out in respect of the tokens was nearly £133 million.

Hydrocarbon Oils

31. The temporary increase of 1s. 0d. a gallon in the rates of duty on light hydrocarbon oils, diesel oil for use in road vehicles (derv), power alcohol and petrol substitutes, which had been imposed in December, 1956, consequent on the reduction of supplies due to the closing of the Suez canal, was withdrawn

on 9th April, 1957, by the Hydrocarbon Oil Duties (End of Temporary Increase) Order, 1957, made at the time of the Budget under the provisions of Section 1 of the Hydrocarbon Oil Duties (Temporary Increase) Act, 1956.

32. The revenue from hydrocarbon oils in 1957-58 was £321·8 million compared with £337·9 million in 1956-57 and £322·9 million in 1955-56. £311·5 million came from Customs, £15·6 million less than in the year before, and £10·3 million from Excise, £0·6 million less than in the year before.

33. The rationing of derv came to an end on 1st April, 1957, and of petrol on 14th May, 1957. Consumption of light oils revived very slowly and only towards the end of the financial year had it reached the level prevailing before supplies were restricted in 1956. Consequently the consumption of light oils in 1957-58, though somewhat higher than in 1956-57 when rationing was in force for part of the year, was 3½ per cent. less than in 1955-56. The expansion in the use of derv in goods vehicles, which we have mentioned in previous Reports, continued and the total consumption of derv was 8 per cent. more than in 1956-57 and 14½ per cent. more than in 1955-56.

34. Clearances of indigenous hydrocarbon oils at 160·6 million gallons were 17·3 million gallons more than in 1956-57 and 3·9 million gallons more than in 1955-56. The revenue from the duties on power alcohol and petrol substitutes, which serve merely to protect the main duties on oil, has always been very small, and clearances of petrol substitutes, which rose to 69,000 gallons in 1956-57 when petrol was rationed, fell back to 34,000 gallons in 1957-58.

35. A Treasury Order made in May, 1957, under Section 203 of the Customs and Excise Act, 1952, consolidated the Orders, previously made under that Section, which provided for the allowance of drawback in respect of hydrocarbon oil used in the manufacture or preparation of certain articles. The Order changed some of the rates of drawback, and provided for the allowance of drawback on hydrocarbon oil used in the manufacture of industrial adhesive tapes of all materials: whereas formerly the only ones to qualify were those made of cloth, proofed cloth, paper or cellulose.

Purchase Tax

36. With effect from 10th April the Finance Act, 1957, reduced from 30 per cent. to 15 per cent. the rate of Purchase Tax on floor coverings, cutlery, domestic hardware, kitchenware and tableware, office furniture and certain domestic appliances; it also provided that the Provisional Collection of Taxes Act, 1913, which already applied to Customs and Excise duties, should in future apply also to Purchase Tax. Two Treasury Orders—the Purchase Tax (No. 1) and (No. 2) Orders, 1957—were made during the financial year; these brought into force, with effect from 29th April and 9th December, 1957, respectively, new lists of essential drugs and medicines exempt from tax.

37. Receipts from Purchase Tax in 1957-58 amounted to £494·2 million, an increase of £36·4 million over the 1956-57 yield. As Purchase Tax is payable quarterly in arrear the tax receipts for 1957-58 relate to transactions during the calendar year 1957, which included just over three months' trade at the pre-Budget rates of tax.

38. The demand for motor cars revived quickly after the end of petrol rationing and tax receipts from road vehicles, including commercial vehicles, amounted to £134·4 million, a rise of £20·3 million over the previous year. There was also a substantial increase in the yield from radio and television sets and musical instruments (mainly record-players,) and from gramophone records; this group yielded £66·5 million against £54·1 million in 1956-57.

Over the rest of the field of durable consumer goods there were also increases in revenue, domestic gas and electric appliances, for example, yielding £29·8 million compared with £24·4 million for the previous year. On the other hand the receipts from garments, footwear and headgear at £45·5 million showed an increase of only £0·7 million.

Entertainments Duty

39. The entertainments duty was substantially remodelled in the Budget. As from 5th May, 1957, the duty ceased to be chargeable on entertainments other than cinematograph or television shows, and the scale of duty previously in force for those latter entertainments, which had consisted of a series of individual rates for each duty-exclusive admission price, was replaced by a charge of half the amount by which the price of admission, including the duty, exceeded 11d. The new scale reduced the amount of duty payable on all box-office prices below 10s. 6d. (the reductions ranging from 1d. to 2½d. on prices below 6s. 6d., which accounted for over 99 per cent. of dutiable admissions) and increased the duty, generally by 1d. per admission, on prices of 11s. 6d. and over (the proportion of admissions at those prices being insignificant).

40. The revenue from the entertainments duty in 1957-58 was £26·54 million, against £40·66 million in 1956-57. By far the greater part of the drop in the yield was due to the reductions in duty, which had been estimated to cost £11·2 million in the year under report, but there was in addition a considerable decline in the number of cinema admissions during the whole of the year, and particularly during the influenza epidemic in the autumn, though the effect on the revenue was to some extent offset by rises in prices of cinema seats in the late summer and autumn of 1957.

41. The Finance Act, 1957, extended the scope of the exemption from duty granted for certain entertainments held in rural areas. Hitherto, exemption had been available for indoor entertainments held in premises with a seating capacity not exceeding 400 in any borough, urban district or rural parish (or in Scotland in any small burgh, or landward parish, or the landward part of a parish partly landward and partly burghal) with a population not exceeding one person to the acre, or alternatively not exceeding 2,000 in all. From 5th May, 1957, the latter population limit was raised to 3,000. In addition, the other statutory exemptions from the duty were simplified and recast with no substantial change in their effect.

42. Following the narrowing of the field and the recasting of the structure of the duty referred to in paragraph 39 above, it became convenient to draw together all the extant enactments relating to this duty. The resulting consolidation measure, the Entertainments Duty Act, 1958, became law on 20th February, 1958.

Television Duty

43. Under the Finance Act, 1957, a new duty was imposed, from 1st August, 1957, on television broadcast receiving licences at the rate of £1 a year (with corresponding rates for licences of special types). The duty applies only to licences issued in Great Britain; the duty levied on television receiving licences in Northern Ireland and the Isle of Man is collected under the authority of the Governments of those territories and is outside the scope of this Report. The duty is collected on behalf of this Department by Post Offices at the time the licences are issued, and is payable in addition to the licence fee charged by the Post Office. In the eight months during which the duty was in force in the year under report, the receipts from the duty amounted to £6·33 million, of which £5·84 million was collected in England and Wales and £0·49 million in Scotland.

Betting

44. The yield from the betting duties as a whole in 1957-58 was £30.38 million, as against £29.08 million in 1956-57.

45. **Pool Betting Duty.** The revenue from football and other similar pools was again higher than in the previous year and amounted to £22.7 million, compared with £21.3 million in 1956-57. The number of pools from which duty was collected fell from 79 to 71 between 31st March, 1957, and 31st March, 1958. By contrast, the turnover of transactions with the totalisators on greyhound tracks fell very slightly and the yield of the duty fell with it by £85,000 to £6.05 million.

46. **Bookmakers' Licence Duty.** This duty is intended to countervail that on the turnover of greyhound totalisators, and its yield also fell very slightly, by £9,500, to £1,627,400. The number of licences sold was 148,035.

Matches and Mechanical Lighters

47. The total revenue from the duties on matches and mechanical lighters has varied very little in recent years and in 1957-58 was £12.87 million, £104,000 above the previous year. £12.27 million of the revenue came from matches, a rise of £0.17 million over the previous year, but within the total the amount of Excise revenue continued to fall slightly, from £7.85 million to £7.80 million and the amount of Customs revenue from imported matches continued to rise, from £4.25 million to £4.46 million. The revenue from the duties on mechanical lighters comes predominantly from the Excise duty on lighters made in the United Kingdom. For the second year running receipts from the mechanical lighters duties fell, from £664,000 to £599,000. The fall was once again entirely in the Excise receipts; those from the Customs duty rose by £11,000 to £54,000.

Sugar, Molasses, Glucose and Saccharin

48. The total receipts from this group of duties in 1957-58 were £13.9 million, almost £2 million in excess of the yield for 1956-57. Most of the increase relates to imported sugar and reflects changes in both consumption and stock levels.

49. The net quantity of sugar (excluding sugar in composite goods) on which duty was paid in 1957-58 was 51.1 million cwt., an increase of 3.2 million cwt. over the corresponding figure for the previous year. There was a decrease of 0.6 million cwt. for home-grown sugar but this was much more than offset by a rise of 3.8 million cwt. in the case of imported sugar. The quantity of sugar of Commonwealth origin showed little change.

50. The revenue from saccharin amounted to £1.4 million, £0.2 million above the figure for 1956-57.

Protective Duties

51. The revenue from the group of protective duties showed a substantial increase and amounted to £104.3 million compared with £90.3 million in 1956-57. The yield under each of the duties exceeded that for the previous year.

52. A new protective measure—the Customs Duties (Dumping and Subsidies) Act, 1957—authorised the imposition by the Board of Trade, subject to conditions, of customs duties where imported goods have been dumped or foreign subsidies given in respect of them. The Customs Duties (Dumping and Subsidies) Regulations, 1957, prescribed how the cost of production of any goods should be computed where this is relevant to the determination of their country of origin and the question whether they have been dumped.

53. **Duties under the Import Duties Act, 1932.** Receipts under this heading rose from £72.0 million in 1956-57 to £81.3 million in 1957-58. Nearly two-thirds of the increase arose during the first half of the financial year although, as is customary, the second half of the year yielded the greater revenue.

54. A further rise in the imports of meat and meat preparations, accompanied by the full-year effect of the withdrawal in October, 1956, of the exemption from duty of bacon, accounted for the greater part of the increase; there were also small increases in the yield from chemicals and vehicles and a relatively substantial reduction in the case of machinery (other than electric).

55. **Duties under the Ottawa Agreements Act, 1932.** The yield from these duties was £6.1 million in 1957-58 compared with £5.2 million in 1956-57. The increase was attributable in the main to greater yields from butter and linseed oil.

56. **Silk Duties.** Revenue from the silk duties showed a relatively large increase in 1957-58, amounting to £8.0 million and exceeding the 1956-57 figure by £2.0 million.

57. **Key Industry Duties.** The yield from these duties, after having dropped in 1956-57, rose by £1.1 million in 1957-58 to a total of £4.7 million, almost the same figure as for 1955-56. The increase arose largely from wireless valves and vacuum tubes.

58. **Beef and Veal Duties.** The yield from the duties on beef and veal in 1957-58 was £4.3 million; this was an increase of £0.6 million over the previous year, reflecting a greater volume of imports from South America.

59. **Treasury and Board of Trade Orders.** During the year fifty-four Orders affecting one or other of the protective duties mentioned above were made by the Treasury. They fell into three groups: three Orders (one of which was in pursuance of the May, 1956, Protocol to the General Agreement on Tariffs and Trade) varied the rates of duty charged on various classes of goods; twenty-one were concerned with drawback of duty in respect of exported goods; and thirty were concerned with exemptions from duty. In addition, the Board of Trade made nine Orders amending the list of goods liable to Key Industry Duty and one Order imposing an anti-dumping duty.

Excise Licence Duties, Club Duty, and Monopoly Value

60. This group of duties consists mainly of licence duties related to dutiable commodities and of charges connected with them. Total revenue in 1957-58 was £6.63 million, £70,000 less than in the year before. All but £219,000 of the revenue came from those trading in alcoholic drinks or other products containing alcohol.

61. £4.70 million came from licence duties, mainly from the liquor licences, receipts of which have risen each year since 1951-52 and were £4.48 million in 1957-58, £0.06 million more than in the year before. Of the revenue from licences other than liquor licences, £127,000 was derived from licences in respect of other dutiable goods (mainly tobacco) and £92,000 from gun, game and dog licences in Scotland. A feature among these other licences is the steady growth in the numbers issued (without charge) to dealers in dutiable heavy hydrocarbon oils, which have risen over the last five years from 3,949 to 11,324 as the consumption of derv fuel has increased (see paragraph 33 above).

62. The yield from Club Duty, which is charged on purchases of intoxicating liquor by registered clubs during the preceding calendar year, has been growing

for a number of years and in 1957-58 was £1.03 million, £0.06 million more than in the previous year. The number of registered clubs again rose during the year, by 655 to 23,674 on 31st March, 1958.

63. The amount collected in Monopoly Value, which was exceptionally high in the past two years, possibly as a result of the lifting of building controls, fell by £198,000 to £896,000.

Other Duties

64. Receipts from the minor duties on tea, cocoa, coffee, chicory, dried fruits, hops and hop extracts, and playing cards were again about £2.5 million, a slight increase in the receipts from dried fruits being counterbalanced by a small drop in those from tea and cocoa.

65. Since their inception in 1925 the Customs duties on imported hops, hop extracts and related products have always been imposed for four-year periods only. They have been renewed seven times and would have expired on 1st August, 1957, if not renewed again. The Finance Act, 1957, put them on a permanent basis.

Simplification of Assessment of Duty on Imported Composite Goods

66. The Finance Act, 1957, included provisions empowering the Treasury to make, on the advice of the Commissioners of Customs and Excise, statutory orders introducing simplifications in the method of assessing duty on ingredients in imported goods. The Composite Goods Order, 1957, made under these powers, came into effect on 1st September, 1957.

67. The Order radically simplified the assessment of Customs duty on sugar, molasses, glucose, cocoa, coffee and hydrocarbon oil when they are ingredients in imported goods. Formerly, every importation of such goods was dutied according to the precise content of these ingredients: this involved sampling, analysis, payment of duty on deposit, and other complexities for both traders and the Department, disproportionate to the amount of duty at stake. Under the new arrangements, for instance, goods containing sugar, molasses, glucose and cocoa are classified in some sixteen broad categories on which ingredient duties are charged at rates which reflect the average content of the ingredients in the particular kinds of goods. For example, the duty on sugar in canned fruits is now levied at a uniform ad valorem rate on the value of the goods, the rate being such that substantially the same amount of sugar duty is collected on canned fruit as before, but without the sampling and analysis of many thousands of tins of fruit each year which has been necessary in the past.

68. The Order also provided that certain ingredients in a wide range of goods should be disregarded for duty purposes. For example, duty is no longer charged on sugar contained in any goods which are not food or drink or in such foodstuffs as canned meats which have an insignificant sugar content. On the other hand, certain goods which consist essentially of a dutiable commodity are treated as if wholly so, as in the case of hydrocarbon oil containing additives.

69. The revised arrangements affect some 50,000 importations per annum of goods worth about £60 million. By the adoption of average rates, the work involved in collecting duty on their ingredients, about £½ million, has been reduced to a level commensurate with the amount of revenue involved.

INTERNATIONAL CO-OPERATION

70. There was again a large number of international meetings during the year at which matters of Customs interest were discussed, because of the continuing discussions in Paris on the proposed European Free Trade Area, which proceeded throughout the year in addition to the activities of other inter-governmental organisations.

Organisation for European Economic Co-operation

71. In the previous Report reference was made to the negotiations between Member countries of the O.E.E.C. directed towards the establishment of a European Free Trade Area. These negotiations, which were begun in March, 1957, following a decision by the Council of the O.E.E.C., continued throughout the year under review. The negotiations cover virtually the whole range of commercial and economic relations, and the Department has been represented at the numerous meetings of the international group of experts which has been examining questions relating to trade. A representative of the Department is Chairman of the international group of Customs experts which has been studying questions of Customs administration and procedure in this context.

The Customs Co-operation Council

72. At the end of his two years in office as Chairman of the Council in May, 1957, Sir Douglas Owen, K.B.E., C.B., Deputy Chairman of the Board of Customs and Excise, was appointed *Président d'Honneur* of the Customs Co-operation Council.

73. The Council and its Committees at the meetings held in Brussels during the year continued their work of co-operation in the field of Customs matters with a view to facilitating international trade.

74. The Valuation Committee gave priority to work on the preparation, as envisaged by the Brussels Convention on the Valuation of Goods for Customs Purposes (Cmd. 9233), of Explanatory Notes on the application of the standard definition of value, and the three sessions held were mainly devoted to this task.

75. The Interim Nomenclature Committee met twice during the year and dealt with a considerable number of questions arising on the classification of goods in accordance with the Nomenclature Convention (Cmd. 8220 and Cmd. 127). These were mainly questions raised by the two countries (France and Germany) which had already put into force tariffs based on the Brussels Nomenclature, or by countries (including the United Kingdom) which were actively engaged in converting their existing tariffs to Brussels Nomenclature form. The Import Duties Act, 1958, has authorised the United Kingdom to bring a Nomenclature Tariff into force on 1st January, 1959 (*see* paragraphs 13 and 14 of this Report). Other countries have announced that they are following suit and it is probable that the Nomenclature Convention will come into force in 1959 on its ratification by the requisite seven signatory states.

76. The Permanent Technical Committee held its usual four sessions and continued to study possible methods of simplifying and harmonising Customs procedures. An outcome of this work was a Recommendation by the Council concerning the repayment or remission of duties on goods refused by the importer as not conforming to contract. This should lead to wider and more uniform grant of such repayments, to the benefit of international trade. The Committee also continued its systematic comparative studies of members' procedures and a further section of these studies dealing with the procedures applied on the unloading of goods imported by sea was published during the period under review.

U.N.E.S.C.O.

77. During the twelfth session of the Contracting Parties to the General Agreement on Tariffs and Trade in Geneva in October, 1957, a conference was convened under the auspices of the United Nations Educational, Scientific and Cultural Organisation to review the five years' operation of the International Agreement on the Importation of Educational, Scientific and Cultural materials, which came into force in May, 1952. This conference, of which a representative

of the Department was Chairman, was attended by representatives of the twenty-one Contracting States and also of thirty-one countries which have not yet been able to adopt the Agreement. The discussions succeeded in clearing up a number of difficulties or misunderstandings which lay in the way of accession by countries not yet party to the Agreement, so that further accessions are now expected. In addition, some possibilities of adding to the usefulness of the present Agreement were considered.

Economic Commission for Europe

78. The Department was represented at two meetings of the Group of Customs Experts in Geneva in November, 1957, and January, 1958, when action on Customs problems in connection with international transport and tourism was continued. In particular the drafting of an international convention to replace the 1949 provisional Agreement on the international transport of goods carried by road (T.I.R. Carnet) was advanced considerably.

International Civil Aviation Organisation

79. The Department was represented at a European Civil Aviation conference which was held in May, 1957, at Madrid. The conference was concerned *inter alia* with standardising Customs forms and procedures affecting civil aviation as between the different countries.

Visitors from Overseas Revenue Administrations

80. During recent years facilities have been provided for members of numerous overseas Revenue Administrations to study various aspects of the organisation and work of the Department and the methods which are employed for the discharge of its responsibilities. During the year under review the Department received some eighty Revenue officials from countries throughout the world. Their studies and discussions ranged over the whole field of the Department's activities and included consideration of practical and technical problems as well as the administrative machinery.

NON-REVENUE WORK

81. As mentioned in paragraph 4, the Department has a great many non-revenue functions to perform. Some of these are imposed by statute and some have been undertaken by mutual arrangement with another Department or public body. In both cases, the work has come because the network for Customs and Excise control has been found to be a convenient and economical instrument to do work for which the employment of a separate staff would have been wasteful and unjustified. These non-revenue responsibilities are reviewed briefly in the following paragraphs.

Control of Imports and Exports

82. The Department is responsible for giving effect to the licensing system by which imports and exports are controlled.

83. Under the law the importation of all goods (except from the Channel Islands) is prohibited except under the authority of a Board of Trade licence. Although the volume of trade subject to specific licences is still appreciable, open general licences have been issued which allow a wide range of commodities to be imported without restriction either generally or from specific countries. There were no major changes introduced during the year in the scope of the import licensing control or in the work devolving on the Department in enforcing it.

84. The export of certain goods (e.g. goods of strategic importance, goods in limited supply and valuable articles likely to be used as a means of transferring capital abroad) is also prohibited except under the authority of a Board of Trade licence; for certain commodities the control also applies to transshipments. During the year changes in the lists of prohibited goods have been made from time to time in accordance with Government policy.

Exchange Control

85. The Department has a direct responsibility under the Exchange Control Act, 1947, for the enforcement of the provisions of the Act controlling the export of goods and currency and the importation of certain securities. It also acts as agent for the Treasury in verifying that imported goods represent a proper return for the currency authorised for their purchase. Restrictions on the importation of sterling notes were rescinded in February, 1958.

External Trade Statistics

86. The Department's Statistical Office has continued to collect statistics relating to the external trade of the country for publication by H.M. Stationery Office:—

- (a) monthly in the "Accounts relating to Trade and Navigation of the United Kingdom", and
- (b) yearly in the "Annual Statement of Trade of the United Kingdom with Commonwealth Countries and Foreign Countries".

87. In addition, the Statistical Office has furnished a number of other Government Departments and private subscribers with details of statistical information in amplification of that available in the Trade and Navigation Accounts and in advance of publication of the Annual Statement of Trade.

Film Levy

88. The Cinematograph Films Act, 1957, and Regulations issued thereunder, impose a levy on exhibitors of cinema films, the proceeds of which are distributed to the makers of certain British films by the British Film Fund Agency, a body set up under the Act. The statutory levy replaced a similar levy on cinema exhibitors operated by the industry itself to assist the production side. The scale of levy is fixed in Regulations made from time to time by the Board of Trade. The Customs and Excise Department are statutorily responsible for collecting the levy and for paying the proceeds to the Agency after deduction of the costs of collection.

89. The levy, which came into operation on 20th October, 1957, is charged on payments for admission to public showings of standard (35 mm.) films. The initial rates of levy varied with the amount of the payment for admission, no levy being payable on prices below 10d. There are provisions for exemption from payment of levy where exemption from entertainments duty has been allowed, or where total weekly takings from payments for admission, less any entertainments duty payable, do not exceed £150. The amount of levy paid over to the British Film Fund Agency in the period ending 31st March, 1958, was £1,133,100.

Non-Revenue Preventive Work and Miscellaneous Functions

90. The Department is responsible for the enforcement of prohibitions and restrictions on the importation and exportation of various kinds of goods imposed for the protection of public health, on moral or humanitarian grounds, for the safeguarding of animals or plants and for various other reasons.

91. Further information and statistics are given on pages 197 to 200 of the Appendix concerning functions performed by the Department in connection with the collection of Compensation Levy on licensed premises in England and Wales, the Merchant Shipping Acts, the Merchandise Marks Acts, and other miscellaneous non-revenue tasks.

GENERAL ADMINISTRATION

The Select Committee on Estimates, Session 1956-57

92. The Fourth Report of the Select Committee made in May, 1957, dealt with the Customs and Excise. It included the following (as paragraphs 8 and 22):

"Your Committee are impressed with the success of the department in keeping down staff numbers and see no evidence to suggest that an inadequate service is being provided in consequence.

* * * * *

The Sub-Committee were impressed by the relationship between traders and the representatives of the department associated with them, and they heard many commendations. They were also impressed by the esprit de corps within the department which must be of great value and of which it may justly be proud. Your Committee are satisfied that the high tradition which springs from many years of honourable service is being fully maintained."

The Committee made several recommendations on particular features of the work of the Department. The Board accepted these recommendations and they have for the most part already been implemented.

Staffing, Cost, etc.

93. **Cost of administration.** The cost of administering the Customs and Excise services in 1957-58, including the expenses incurred by other Departments on behalf of the Department, is estimated to have been £18,065,000. This represented 0.84 per cent. of the net revenue—2d. for every £1 collected. (In making this estimate the cost of some of the non-revenue services performed by the Department has been deducted, but the cost of others cannot be separately distinguished and is included in the total.)

94. **Staff in post and organisation.** The number of staff in post on 31st March, 1958, was 15,191 (this figure includes part-time staff, two part-time members of the staff being counted as equivalent to one full-time member). A chart showing the Headquarters Offices (about 2,700 staff) and illustrating the field organisation (about 12,500 staff) is given at the end of this Report.

Enforcement

95. The detection and suppression of attempts to evade Customs and Excise duties, Purchase Tax, import and export restrictions and exchange control restrictions is an important part of the work of the Department. During the year prosecutions instituted in the course of this work resulted in the conviction of 1,657 persons, 38 of whom were sentenced to terms of imprisonment, and the imposition of £136,000 as fines.

96. Carriers of considerable quantities of smuggled watches were again intercepted. Fines totalling over £74,000 and prison sentences ranging from three to eighteen months were imposed on eleven persons convicted of smuggling over 11,000 watches worth nearly £90,000. In one case the watches had been smuggled through the diplomatic channel. Heavy fines and a prison sentence of

six months were imposed in connection with the smuggling of mechanical lighters, over 3,000 of which were seized. The year also witnessed the successful conclusion of enquiries into widespread dealings in smuggled cameras, which resulted in the conviction of four persons on whom fines amounting to nearly £4,000 were imposed. In addition, some £5,000 in duty and Purchase Tax is being recovered.

97. In a case of conspiracy to evade Purchase Tax five persons each received prison sentences of twelve months. Fifteen persons were fined for the use as road fuel of heavy hydrocarbon oil delivered free of duty for other purposes. Fines and terms of imprisonment were imposed in respect of evasions or attempted evasions of the restrictions applicable to certain exports, and substantial seizures were made, including an important seizure of diamonds worth £40,000, followed by the imprisonment of the carrier. Currency seized during the course of enforcement and confiscated goods together realised £164,000.

KING'S BEAM HOUSE,

MARK LANE,

LONDON, E.C.3.

December, 1958.

J. I. C. CROMBIE

A. D. OWEN

J. E. B. FINLAY

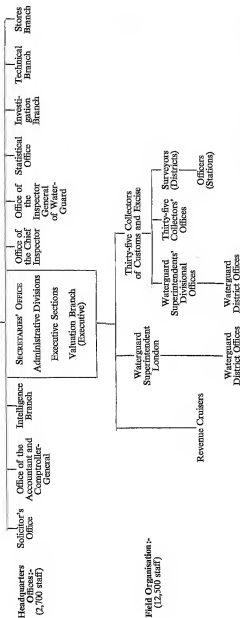
G. IMMS

C. H. BLAKE

K. B. PEPPER

ORGANISATION CHART

THE BOARD OF CUSTOMS AND EXCISE



Field Organisation :-
(12,500 staff)

NOTE: The Board of Customs and Excise consists of a Chairman, Deputy Chairman, and four other Commissioners, one of whom is Director of Establishments and Organisation.

APPENDIX

General Notes on the Tables and Diagrams

Tables 1-6 relate to the revenue from the duties of Customs and of Excise as a whole, the receipts in each of the financial years from 1948-49 to 1957-58 under the main heads of duty being summarised in Tables 2, 3 and 5. Tables 7-11 deal with certain other aspects of the Department's work; and Tables 13-94 provide more detailed information under each of the separate heads of revenue. Tables 95 and 96 relate to non-revenue functions of the Department.

Diagram 1 shows the development of the Customs and Excise revenue since the end of the first World War, in relation to central government taxation as a whole. Diagram 2 shows the growth of the revenue during the past ten years, and indicates the proportions in which its main sources (tobacco, alcoholic drinks, hydrocarbon oils and Purchase Tax) have contributed to its total. Diagrams 3-12 show the yield over a period of years of each of the more important Revenue duties, and where possible the consumption of the dutiable commodity.

To avoid repetition of explanatory matter, the meaning of certain terms which are common to many items in the Appendix is indicated in the following notes, and these terms are used subsequently without further explanation. Terms used particularly in connection with certain duties are explained in the introductory notes to the Tables relating to those duties.

Customs duties are duties on imported goods and on goods manufactured in bond from imported dutiable materials.

Excise duties are duties on goods produced in the United Kingdom, except goods manufactured in bond from imported dutiable materials; and on services. Although in law the tax is not an Excise duty, the receipts of Purchase Tax (both on home-produced and on imported goods) are included in the Tables under the Excise heading.

Imported goods originating in and consigned from countries in the British Commonwealth, the Republic of Ireland or Burma are in most cases entitled to a preferential rate of Customs duty. For instance, such goods were in general exempt from duties under the Import Duties Act, 1932, and the Ottawa Agreements Act, 1932, although in a few cases they were charged under those Acts at reduced rates of duty. The terms *full* and *preferential* are respectively used to mean that the goods concerned were charged with the full duty, or were accepted as qualifying for preferential rates of duty. Similarly, the word *Commonwealth* is used in the notes and the Tables to indicate that such goods were grown, produced or manufactured in, and consigned from the British Commonwealth, the Republic of Ireland or Burma, and as such were admitted to preference.

Drawback, or repayment, of some duties is allowed in the case of goods exported or shipped as ships' stores, etc. The general scope of the provisions as to drawback is indicated in Tables 9 and 10; details in respect of particular duties are included in the relevant Tables.

Unless otherwise indicated, all figures in the Tables relate to financial years ended 31st March. Throughout the Tables the following symbols have been used:—

- to mean "nil, or less than half the final digit stated"
- ... to mean "not available"

The quantities of dutiable goods shown in the Tables as *entered for consumption* are the quantities on which duty was paid in the financial year,

after adjustment for any over-payments. The comparable quantities of non-dutiable goods are the quantities declared by importers or merchants in preparation for clearance of the goods out of official control. The quantities entered for consumption should be distinguished from those shown as *retained for consumption*; the latter are net quantities, after deduction of quantities on which duty was repaid, e.g. as drawback. The word "consumption" in the phrases "entered for consumption" and "retained for consumption" originates from the title of the documents from which the statistics have been compiled. These documents were previously known as an "entry for home consumption" (for goods cleared out of official control at importation) and a "home consumption warrant" (for goods cleared out of a bonded warehouse). As a result of consolidation of the law under the Customs and Excise Act, 1952, these documents are now known as an "entry for home use" and a "home use warrant" respectively. In certain of the Tables which relate more particularly to goods of a durable kind, the quantities are accordingly shown as *entered for use* or *retained for use*, as the case may be; but in Tables which relate mainly to consumable goods, it is thought that the continued use of the older phrases will more readily convey the purport of the figures to the reader. The choice of phrase in the Tables accordingly reflects only the character of the goods; it does not indicate any difference in the source from which the statistics are compiled.

The quantities shown for certain commodities do not include quantities imported as ingredients of composite articles, although the revenue from these ingredients is included in the corresponding duty receipts. The individual tables are annotated to show where such quantities have been omitted.

The quantities shown as retained for consumption or use in any particular year, being the quantities to which the net receipts of duty are related, may differ appreciably from the quantities actually consumed in the United Kingdom in that year. Changes may occur in the size of duty-paid stocks on account of advancement or postponement of clearances before a Budget in anticipation of a change in the rate of duty. For certain commodities also, appreciable quantities of goods are known to be exported after clearance out of revenue control, but without drawback of duty.

For these reasons, Table 12 affords a better guide to the actual course of consumption. The quantities in this Table relate to calendar, not financial years; and they differ from those in other Tables in taking account not only of quantities exported under drawback but also of quantities exported other than on drawback, so far as these are known. The introductory notes to the individual Tables indicate the existence of such exports where they are believed to be significant.

In many cases, the main rates of duty in force during the years covered by the Tables are shown either in the Tables or in the accompanying text. In certain cases, where the charging provisions are more complex, this is not possible. In all cases, for fuller information than can be given in this Report and for information about rates at present in force, reference should be made to the Customs and Excise Tariff, to the Public Notices issued by the Department, or to the relevant Finance Acts.

In a number of Tables the figures for Northern Ireland have been combined with those for England and Wales in order to avoid disclosing the business of particular firms in the former country. Taxes under the direct authority of the Northern Ireland Government (for example, Entertainments Duty, Television Duty, Betting Duty, and Licence Duties other than those on "brewers for sale", distillers and tobacco manufacturers) are outside the scope of this Report.

TABLE 1.—Customs and Excise Revenue : Estimates and Receipts

£

	Budget Estimate of the Amount receivable by the Exchequer (a)			Amount Paid into the Exchequer			Net Receipts (b)		
	Customs	Excise	Total	Customs	Excise	Total	Customs	Excise	Total
1948-49	820,600,000	726,550,000	1,547,150,000	823,258,000	733,500,000	1,556,758,000	822,149,175	732,434,633	1,554,583,808
1949-50	829,650,000	663,600,000	1,493,250,000	813,334,000	706,400,000	1,519,734,000	812,549,031	707,605,381	1,520,154,412
1950-51	870,650,000	713,150,000	1,583,800,000	905,216,000	724,800,000	1,630,016,000	902,882,332	724,741,824	1,627,624,156
1951-52	930,500,000	720,500,000	1,651,000,000	998,497,000	753,285,000	1,751,782,000	999,900,408	753,204,231	1,753,104,639
1952-53	1,043,500,000	772,000,000	1,815,500,000	1,024,498,000	739,093,000	1,763,591,000	1,024,582,710	739,250,723	1,763,833,433
1953-54	1,044,300,000	680,480,000	1,724,780,000	1,042,396,000	721,975,000	1,764,371,000	1,043,687,974	729,349,102	1,773,037,076
1954-55	1,062,500,000	719,000,000	1,781,500,000	1,100,049,000	771,637,000	1,871,686,000	1,098,619,158	771,862,578	1,870,481,736
1955-56	1,131,700,000	811,050,000	1,942,750,000	1,148,598,000	864,511,000	2,013,109,000	1,148,070,720	860,411,981	2,008,482,701
1956-57	1,204,000,000	953,350,000	2,157,350,000	1,198,882,000	901,735,000	2,100,617,000	1,198,988,489	909,371,054	2,108,359,543
1957-58	1,204,250,000	912,850,000	2,117,100,000	1,207,452,000	942,360,000	2,149,812,000	1,209,658,778	942,541,615	2,152,200,393

(a) The estimate shown for 1955-56 (Excise) is that made at the time of the second Budget.

(b) The difference between the net receipts and the amount paid into the Exchequer each year is due to the difference between the balances at the beginning and end of the year. These balances consist of (1) working balances held by Collectors, (2) remittances in transit, and (3) advances out of revenue to meet expenditure under authority of the Exchequer and Audit Departments Act, 1866, Sec. 10.

TABLE 2.—Customs and Excise Duties: Summary of Net Receipts

HEAD OF REVENUE	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
Spirits ...	90,870,484	98,284,796	114,540,378	98,927,407	103,353,401	107,373,466	116,440,389	125,489,101	131,070,343	135,106,018
Wine ...	307,317,762	276,710,158	262,104,013	269,888,816	255,034,586	254,282,572	251,009,732	230,389,607	200,790,621	261,190,401
Beer ...	15,680,997	1,688,442	1,091,636	17,519,294	16,717,483	17,632,043	19,280,477	20,622,696	21,316,621	21,520,346
British Wine (Sweet) ...	3,316,356	2,318,740	3,208,740	3,305,000	2,959,940	3,012,831	3,292,441	3,501,613	3,571,225	3,271,384
Other Wines ...	30,731	102,319	70,821	18,648	157,081	155,098	135,021	276,522	340,347	306,859
Tax ...	30,493,992	1,401,208	889,138	1,311,934	1,322,201	1,106,045	1,235,611	1,095,320	1,329,532	1,283,693
Cocoa, etc. ...	1,125,062	213,000	321,382	148,721	202,114	141,272	181,481	219,947	302,484	328,641
Coffee and Chicory, etc. ...	34,800,831	12,433,051	13,053,000	13,040,714	12,613,142	11,695,667	11,803,498	11,923,814	11,972,112	13,244,416
Sugar, etc. ...	421,636	630,352	703,990	361,266	616,759,656	627,041,050	649,180,121	668,535,933	701,820,052	712,504,330
Dried or Preserved Fruit ...	604,248,394	600,942,621	604,239,980	615,473,114	12,286,902	12,758,638	12,827,113	13,009,087	12,761,770	12,845,191
Tobacco and Medicinal ...	7,496,543	13,304,189	13,631,111	12,720,751	12,206,902	12,758,638	12,827,113	13,009,087	12,761,770	12,845,191
Lighters ...	3,014,310	4,048,895	3,668,875	6,237,852	3,914,528	3,914,528	5,119,486	6,038,777	5,943,577	7,382,374
Silk and Artificial Silk ...	57,286,810	62,548,991	143,530,668	200,531,067	276,776,727	289,886,338	305,484,990	322,932,797	337,917,949	321,765,783
Hydrocarbon Oils ...	2,469	2,972	5,225	7,019	16,427	9,873	3,181	2,674	6,323	2,115
Power Alcohol and Petrol ...	47,154,995	44,995,708	43,588,766	45,805,540	44,168,465	44,230,265	41,276,670	39,524,967	40,656,082	26,517,201
Substances ...	810,817	752,192	777,375	800,320	830,941	854,686	835,756	885,478	967,894	6,325,367
Television (a) ...	810,284	1,822,019	1,191,335	970,122	745,070	701,706	671,466	937,711	1,094,224	1,030,348
Monopoly Value ...	4,635,811	4,505,137	4,423,823	4,461,071	4,490,018	4,509,469	4,539,323	4,584,412	4,634,350	4,699,006
Leopards (Liquor and other) ...	62,103	70,780	67,909	70,780	55,320	50,145	64,466	56,632	61,273	56,870
Playing Cards ...	758	798	758	758	1,675	6,330	20,002	14,973	33,306	20,333
Hops ...	881,258	1,187,542	1,748,671	2,548,487	1,835,916	2,502,512	3,625,637	4,607,640	3,559,202	4,658,196
Key Industry Duties ...	41,652,668	48,636,533	57,012,802	92,807,000	64,056,874	53,940,848	62,190,764	67,304,939	71,987,469	81,278,837
Import Duties Act, 1932 ...	5,136,424	7,210,444	8,501,602	11,247,277	4,325,023	4,800,788	5,832,807	5,443,668	5,179,252	6,075,094
Wine and Dried Fruit ...	2,065,117	3,394,462	2,415,790	3,015,934	1,350,983	1,822,483	2,537,387	3,227,122	3,646,323	4,284,080
Beef and Veal ...	291,772,130	302,328,268	307,671,233	314,469,140	299,311,182	341,835,209	341,835,209	418,796,836	457,651,303	494,725,491
Purchase Tax ...	21,261,177	25,168,220	26,173,175	26,173,175	28,628,370	29,412,793	28,943,764	28,206,514	29,076,764	30,380,419
Betting (c) ...	— 262,027	— 279,945	1,835,184	662,406	— 571,374	2,606	411,505	2,126,255	— 147,137	— 862,452
Miscellaneous (d) ...	1,554,893,898	1,520,154,412	1,627,624,156	1,753,104,639	1,763,835,433	1,773,937,076	1,870,481,736	2,008,482,701	2,108,359,543	2,152,200,393
TOTAL ...	...	...	...	...	...	...	...	...	...	...

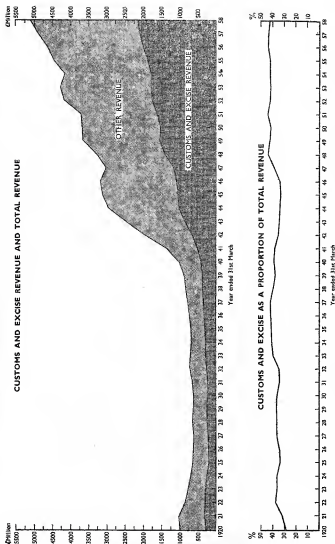
(a) From 1st August, 1957.

(b) Excess of drawbacks.

(c) Includes Bookmakers' Licence duty as from 9th August, 1948.

(d) Includes the "Other Articles" shown in Table 4, and monies deposited but not appropriated to goods; also includes for the years 1948-49 to 1953-54 charges on imported spirits bottled in bond. The minor amounts are due to excess of amounts appropriated in the year over amounts deposited.

DIAGRAM 1.—Customs and Excise Revenue and Total Revenue from Central Government taxation



In this diagram, "total Revenue" is taken to mean the sum of Inland Revenue, Customs and Excise and Motor Vehicle Duties.

DIAGRAM 2.—Customs and Excise Revenue : Net Receipts

CUSTOMS AND EXCISE REVENUE

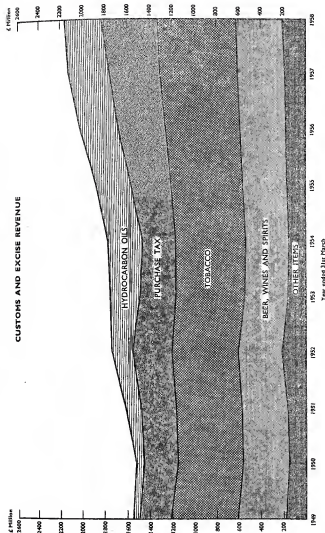


TABLE 3.—Customs Duties : Net Receipts

£

HEAD OF REVENUE	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
Spirits	44,149,105	39,623,809	38,735,410	29,850,045	28,706,340	26,304,488	26,334,958	27,941,687	29,014,696	28,992,263
Beer	12,619,747	13,681,485	13,047,839	12,721,004	12,562,231	13,250,860	13,527,602	14,826,890	15,596,182	15,062,167
Wine	15,689,992	16,088,442	18,093,636	17,519,794	16,171,483	17,658,043	19,589,577	20,622,696	21,335,608	21,620,346
Table Waters	142	102,319	20,821	186,614	157,081	153,805	315,021	276,522	340,347	306,859
Cocoa, etc.	10,502,999	1,400,298	889,188	1,311,934	1,257,201	1,386,045	1,233,611	1,109,530	1,329,532	1,283,695
Coffee and Chicory, etc.	1,123,042	332,020	321,582	348,721	202,114	141,272	144,421	219,947	302,494	328,641
Sugar, Molasses, Glucose	400,209									
Dried or Preserved Fruit	23,893,791	8,040,286	7,951,142	8,313,550	7,931,167	7,340,094	7,787,306	7,909,338	7,555,439	9,511,599
Tobacco	421,636	650,312	703,990	361,266	615,890	345,257	470,019	289,057	481,677	473,657
Matches and Mechanical	601,413,833	600,688,383	604,259,549	613,471,033	616,759,098	627,042,869	649,879,983	668,525,847	701,828,951	712,504,348
Lighters	1,872,984	5,144,536	4,950,646	4,195,385	3,126,445	3,483,435	4,058,586	4,227,748	4,293,066	4,516,935
Silk and Artificial Silk ...	3,259,936	4,056,842	3,868,953	6,237,822	3,718,910	3,913,961	5,119,486	6,038,777	5,943,577	7,982,374
Hydrocarbons Oils ...	57,286,810	62,548,991	138,872,008	195,121,979	263,557,538	279,260,124	295,507,163	313,138,419	327,037,252	311,500,080
Playing Cards	944	3,172	1,053	5,524	5,455	7,019	3,254	1,318	7,372	8,237
Hops	(a) — 738	798	1,722	1,749	1,675	6,230	20,002	14,973	33,306	20,233
Key Industry Duties ...	881,238	1,187,342	1,748,671	2,548,687	1,835,916	2,562,532	3,625,637	4,607,649	3,539,302	4,658,196
Import Duties Act, 1932	41,652,668	48,636,533	57,012,802	92,807,000	64,856,874	53,940,848	62,190,764	67,304,959	71,967,469	81,278,857
Other Duties (excluding										
Wine and Dried Fruits)	5,136,424	7,210,444	8,501,602	11,247,277	4,525,034	4,800,788	5,832,860	5,445,668	5,179,252	6,075,094
Beef and Veal	2,085,117	3,394,462	2,485,790	3,015,934	1,256,983	1,822,483	2,537,387	3,527,122	3,646,323	4,284,680
Other Articles and De-										
posits (b)	— 261,724	— 241,463	1,418,822	635,090	— 659,735	65,821	407,521	2,042,663	— 313,256	— 749,503
TOTAL	822,149,175	812,549,031	902,882,332	999,900,408	1,024,582,710	1,043,687,974	1,098,619,158	1,148,070,720	1,198,988,489	1,209,658,778

(a) Excess of drawbacks.

(b) Includes the "Other Articles" shown in Table 4 and moneys deposited but not appropriated to goods; also includes for the years 1948-49 to 1953-54 charges on imported spirits bottled in bond. The minus amounts are due to excess of amounts appropriated in the year over amounts deposited.

TABLE 4.—Customs Duties : Gross and Net Receipts

£

Head or Revenue	1956-57				1957-58			
	Gross Receipts	Drawbacks and Allowances	Repayments, Rebates and Payments to Isle of Man	Net Receipts	Gross Receipts	Drawbacks and Allowances	Repayments, Rebates and Payments to Isle of Man	Net Receipts
Spirits:—								
Rum	14,984,521	—	103,744	14,913,389	15,214,970	—	103,080	15,145,712
" collected in Isle of Man	32,612	—	—	—	33,822	—	—	—
Brandy	8,170,850	—	59,805	8,120,312	7,911,145	—	58,917	7,859,668
" collected in Isle of Man	9,267	—	—	—	7,440	—	—	—
Other Spirits	5,882,642	—	50,996	5,976,077	5,908,714	—	57,319	5,982,531
" collected in Isle of Man	144,431	—	—	—	131,156	—	—	—
Articles containing Spirit	4,918	—	—	4,918	4,352	—	—	4,352
Beer	17,141,852	1,547,184	88,486	15,506,182	16,003,028	1,697,851	145,010	15,062,167
" collected in Isle of Man	21,401,071	—	74,794	21,355,608	21,093,373	—	79,965	21,620,346
Wine	9,331	—	—	9,331	6,958	—	—	6,958
" collected in Isle of Man	351,620	8,091	—	340,347	318,704	9,937	1,908	306,859
Cocoa and Cocoa Preparations	1,767,523	376,761	61,730	1,329,032	1,767,463	444,484	39,284	1,283,695
Coffee	315,023	34,661	1,475	278,887	319,199	35,216	1,721	282,262
Chocolate	12,162	2,167	33	9,962	20,775	2,337	475	17,963
Coffee and Chicory, roasted and ground, mixed including extracts and essences of either	13,989	—	344	13,645	28,416	—	—	28,416
Sugar, etc.:—								
Sugar, refined and unrefined	13,913,629	(a) 6,815,940	103,255	6,974,434	16,220,741	(a) 7,151,078	176,818	8,892,845
" collected in Isle of Man	14,424	—	195	14,229	14,660	—	313	14,347
Molasses	68,729	2,181	159	66,389	117,785	5,797	1,039	110,990
Glucose	124	—	—	124	443	—	—	443
Saccharin	503,137	—	2,874	500,263	493,991	—	960	493,031
Articles containing Sugar	82,252	—	886	81,366	100,223	—	1,111	99,112
Fruit, Dried, or otherwise Preserved, without Sugar:—								
Cherries	295,822	—	2,275	292,351	344,776	—	4,089	339,397
Raisins	19,745	1,196	—	18,549	24,318	—	274	24,044
" collected in Isle of Man	3,683	—	248	3,435	11,341	—	157	11,084
Pigs	916,697,895	197,588,083	17,280,861	701,828,951	921,569,805	193,091,611	15,973,846	712,504,348
Tobacco	4,267,710	—	18,096	4,249,614	4,483,807	—	21,000	4,462,807
Marbles	4,492	—	2,030	43,452	35,129	—	1,001	54,128
Mechanical Lighters	6,270,156	267,477	29,162	5,943,577	8,306,072	225,035	98,695	7,982,374
Silk and Artificial Silk	340,356,082	(b) 11,100,745	2,546,906	327,057,252	326,629,691	(b) 13,679,202	1,783,293	311,900,080
Hydrocarbon Oils	349,811	—	152	347,306	352,886	—	82	352,337
" collected in Isle of Man	34,906	—	206	34,699	21,435	—	167	20,333
Playing Cards	34,906	—	152	34,754	21,435	—	167	20,333
Hops, Hop Oil and Hop Extracts	4,515,795	527,005	429,587	3,559,202	5,499,123	346,330	494,493	4,658,196
Key Industry Duties	—	—	—	—	—	—	—	—

continued on next page

TABLE 4.—Customs Duties : Gross and Net Receipts—concluded

£

HEAD OF REVENUE	1956-57				1957-58			
	Gross Receipts	Drawbacks and Allowances	Repayments, Rebates and Payments to Isle of Man	Net Receipts	Gross Receipts	Drawbacks and Allowances	Repayments, Rebates and Payments to Isle of Man	Net Receipts
Import Duties Act Duties	79,095,917	2,081,314	5,048,233	71,967,469	89,294,166	2,315,902	5,701,074	81,278,857
" collected in Isle of Man	1,099				1,667			
Ottawa Duties (excluding Dried Fruits)	5,673,030	344,489	149,290	5,179,252	6,558,869	368,527	115,248	6,075,094
" collected in Isle of Man	1							
Beef and Veal	3,740,113	25,999	76,791	3,646,323	4,380,169	26,348	69,141	4,284,680
Other Articles—								
Chloral Hydrate								
Chloroform	—			—	—			—
Colloidon	12			12	1			1
Ether, Acetic	838			838	46			46
" Butyric	6,335		37	6,298	9,650		91	9,559
" Sulphuric	54		107	—53	84			84
Ethyl Bromide	100			100	85			85
" Chloride								
" Iodide	3			3				
Monies deposited, but not appropriated to goods			52,605	(d) —320,454	(d) —626,531		132,747	(d) —759,278
Isle of Man Duties, etc. (other than those, as specified above, levied at Imperial rates)	(d) —267,849		403,631	(d) —	431,225		415,217	(d) —
	422,186	18,555						
TOTAL	1,446,373,247	220,762,041	26,622,717	1,198,988,489	1,454,555,414	219,417,958	25,478,678	1,209,658,778

(a) Includes £279,939 in 1956-57 and £284,303 in 1957-58 allowances paid on molasses used for the purpose of food for stock.

(b) Includes £3,617,961 in 1956-57 and £4,845,421 in 1957-58 allowances under Section 206 of the Customs and Excise Act, 1952.

(c) Excess of repayments.

(d) Minor amounts due to excess of amounts appropriated in the year over amounts deposited.

TABLE 5.—Excise Duties : Net Receipts

£

HEAD OF REVENUE	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
Spirits	46,721,379	58,660,987	75,813,968	67,077,362	74,647,061	81,068,978	90,105,431	97,547,414	102,064,647	106,113,775
Beer	294,678,015	265,088,673	249,146,244	248,165,812	243,372,425	242,031,712	237,452,121	243,682,807	243,471,441	246,077,234
British Wines (Sweets) ...	3,836,526	2,814,462	3,209,740	3,305,506	2,950,940	3,012,851	3,282,161	3,501,613	3,574,225	3,271,866
Table Waters	20,569	—	—	—	—	—	—	—	—	—
Sugar, Molasses, Glucose and Saccharin	10,967,040	4,395,365	5,104,064	4,737,164	4,492,175	4,323,513	4,078,192	4,016,496	4,417,373	4,432,817
Tobacco	2,834,561	254,438	431	2,081	558	181	138	136	101	2
Matches and Mechanical Lighters	5,623,559	8,159,653	8,682,465	8,534,366	9,080,457	9,275,203	8,768,527	8,781,339	8,468,504	8,348,236
Artificial Silk	—	—	—	—	1,061	567	—	—	—	—
Hydrocarbon Oils	(a) - 205,647	(a) - 7,947	(a) 4,658,660	5,409,088	11,219,189	10,696,214	9,977,827	9,794,378	10,860,097	10,265,705
Power Alcohol and Petrol Subsidies	2,469	2,972	5,225	7,019	16,427	9,873	3,181	2,974	6,323	2,135
Entertainments	47,154,995	44,095,708	43,588,766	45,805,340	44,168,465	44,230,265	41,276,070	39,324,967	40,656,082	26,537,291
Television (b)	—	—	—	—	—	—	—	—	—	6,325,367
Cinemas	808,837	752,392	737,375	800,320	830,941	854,686	855,756	895,478	967,594	1,030,368
Monopoly Value	810,284	1,822,019	1,191,335	970,122	745,070	701,706	671,686	937,711	1,094,224	896,299
Licences (Liquor and other)	4,635,811	4,505,137	4,423,823	4,461,071	4,490,018	4,509,469	4,539,323	4,584,412	4,634,330	4,699,006
Playing Cards	61,159	67,188	66,856	65,256	49,805	43,124	39,212	35,314	33,901	48,613
Purchase Tax	291,123,156	291,732,130	302,528,368	337,671,233	314,469,340	299,311,182	341,835,269	418,796,836	457,831,301	494,225,891
Betting	25,361,177	26,460,686	25,168,220	26,175,175	28,628,370	29,412,793	28,943,320	28,206,514	29,076,764	30,380,419
Deposits, etc. (c)	- 297	- 38,462	416,362	27,316	88,361	- 61,215	3,084	83,892	172,125	- 112,949
TOTAL	732,434,633	707,605,381	724,741,824	753,204,231	739,250,723	729,349,102	771,862,578	860,411,981	909,371,054	942,541,615

(a) Excess of drawbacks.

(b) From 1st August, 1957.

(c) Minor amounts due to excess of amounts appropriated in the year over amounts deposited.

TABLE 6.—Excise Duties : Gross and Net Receipts

£

HEAD OF REVENUE	1956-57					1957-58				
	Gross Receipts	Drawbacks and Allowances	Repayments and Rebates	Net Receipts	Gross Receipts	Drawbacks and Allowances	Repayments and Rebates	Net Receipts		
Spirits ...	167,908,696	(a) 58,856,150	6,987,899	102,064,647	176,609,371	(a) 63,746,202	6,749,394	106,113,775		
Beer ...	251,450,145	5,308,425	668,279	245,473,441	252,014,982	5,254,030	683,718	246,077,234		
British Wines (Sweets)	3,574,380	—	155	3,574,225	3,271,386	—	—	3,271,386		
Sugar ...	2,896,313	— 132	—	2,896,181	2,744,265	82	—	2,744,183		
Molasses ...	11,440	—	13	11,427	6,682	23	—	6,659		
Glucose ...	360,999	27,393	—	333,606	359,744	35,509	—	324,235		
Saccharin ...	1,263,536	87,377	—	1,176,159	1,422,742	65,002	—	1,357,740		
Tobacco ...	101	—	—	101	2	—	—	2		
Matches ...	7,850,668	2,827	8	7,847,833	7,805,216	2,221	11	7,802,984		
Mechanical Lights	620,671	—	—	620,671	545,272	—	—	545,272		
Hydrocarbon Oils	11,015,426	149,660	5,669	10,860,097	10,534,608	190,338	78,565	10,265,705		
Power Alcohol...	—	—	—	—	—	—	—	—		
Petrol Substitutes	6,698	—	375	6,323	2,310	—	175	2,135		
Entertainments	40,728,051	—	71,969	40,656,082	26,636,466	—	99,175	26,537,291		
Television (b) ...	—	—	—	—	6,326,614	—	1,247	6,325,367		
Clubs ...	967,828	—	234	967,594	1,030,550	—	182	1,030,368		
Monopoly Value	1,094,224	—	—	1,094,224	896,299	—	—	896,299		
Liquor Licences	4,480,538	—	65,048	4,415,490	4,535,729	—	75,935	4,479,794		
Other Licences...	219,227	—	367	218,860	219,542	—	330	219,212		
Playing Cards ...	54,311	—	410	53,901	48,683	—	70	48,613		
Purchase Tax ...	458,614,865	—	—	458,614,865	495,088,063	—	—	495,088,063		
in Isle of Man	34,266	—	(c) 797,828	457,851,303	19,518	—	(c) 881,690	494,225,891		
Betting ...	29,077,495	—	731	29,076,764	30,385,013	—	4,594	30,380,419		
Monies deposited, but not appropriated to goods ...	184,323	—	12,198	172,125	(d) —93,354	—	19,595	(d) —112,949		
TOTAL ...	982,414,201	64,431,964	8,611,183	909,371,054	1,020,429,703	69,293,407	8,594,681	942,541,615		

(a) The allowances on spirits amounted to £45,778 in 1956-57 and £49,381 in 1957-58.

(b) From 1st August, 1957.

(c) Includes payments to Isle of Man amounting to £480,732 in 1956-57 and £513,990 in 1957-58.

(d) Balance of Monies appropriated in the year over amounts deposited.

TABLE 7.—Imperial Preference : Values or Quantities of Goods retained for Consumption and Net Receipts, 1957-58

Articles	Values or Quantities retained for Consumption				Net Receipts		
	Unit	Full	Preferential	Total	Full	Preferential	Total
Spirits:—							
Brandy ...	proof gallon	729,751	7,160	736,911	7,784,512	75,156	7,859,668
Rum ...	"	6,306	1,433,331	1,439,637	67,382	15,078,330	15,145,712
Other Sorts ...	"	310,015	246,941	(a) 556,956	3,248,703	2,738,180	5,986,883
" " for re-distillation, methylation or use in art or manufacture							
Total Spirits ...	"	—	2,509,240	2,509,240	—	—	—
Beer ...	"	1,046,072	4,196,672	5,242,744	11,100,597	17,891,666	28,992,263
Wine ...	bulk barrel	171,325	1,032,902	1,204,227	1,761,157	13,301,010	15,062,16
Tea ...	std. barrel	107,065	849,900	956,965	—	—	—
Cocoa:—	gallon	11,637,183	2,873,104	14,510,287	17,895,208	3,725,138	21,620,346
Raw, Husks and Shells ...	lb.	36,874,035	471,915,404	508,789,439	306,859	—	306,859
Butter ...	cwt.	64,842	1,260,543	1,325,385	45,327	734,307	779,634
Coffee ...	lb.	42,563,759	687,718	43,251,477	265,656	3,576	269,232
Chicory ...	cwt.	218,194	573,153	791,347	150,259	132,003	282,262
Sugar, etc.:—	"	18,909	—	18,909	17,963	—	17,963
Raw and Refined (in equivalent of refined) ...							
Articles containing Sugar	"	5,561,956	32,759,466	38,321,422	2,291,139	6,601,706	8,892,845
Molasses (b) ...	"	2,614,753	3,859,749	6,474,502	295,402	197,629	493,031
Glucose ...	"	18,011	70,178	88,189	4,652	9,695	14,347
Saccharin ...	"	368,236	9,904	378,140	109,671	1,319	110,990
Fruit, Dried, etc.:—	oz.	6	1,426	1,432	2	384	386
Currants ...	cwt.	992,696	45,738	1,038,434	99,112	—	99,112
Raisins ...	"	799,409	683,758	1,483,167	339,397	—	339,397
Figs ...	"	80,406	—	80,406	24,064	—	24,064
Plums ...	"	27,792	5,658	33,450	11,084	—	11,084

continued on next page

TABLE 7.—Imperial Preference: Values or Quantities of Goods retained for Consumption and Net Receipts, 1957-58—concluded

Articles	Values or Quantities retained for Consumption				Net Receipts		
	Unit	Full	Preferential	Total	Full	Preferential	Total
Tobacco:—							
Unmanufactured ...	lb.	120,879,565	120,249,388	241,128,953	367,271,708	357,733,943	725,005,651
Cigars ...	"	163,783	101,579	265,362	582,102	346,050	928,152
Cigarettes ...	"	86,529	4,511	91,040	288,448	14,505	302,953
Other Manufactured ...	"	295,242	94,838	390,080	941,398	293,497	1,234,895
Total Tobacco ...	"	121,425,119	120,450,316	241,875,435	369,083,656	358,387,995	(c) 727,471,651
Silk and Artificial Silk ...	various	...	...	...	7,785,378	196,996	7,982,374
Hops, Hop Oil and Hop Extracts...	cwt.	3,657	2,012	5,669	14,874	5,359	20,233
Key Industry Goods ...	£	13,192,457	4,006,356	17,198,813	4,658,196	—	4,658,196
Goods under Import Duties Act (d)	various	...	...	...	81,179,070	99,787	81,278,857
Ottawa Duties (d) (e) ...	"	...	...	...	6,075,094	—	6,075,094
Beef and Veal (d) ...	"	...	...	...	4,284,680	—	4,284,680
TOTAL ...	...	...	...	...	507,798,497	401,288,570	909,087,067

(a) Includes 2,538 gallons entered in liquid gallons (see Table 22).

(b) Molasses imported as such: no figures are available for molasses produced from imported raw sugar. Does not include molasses delivered free of duty for use in distilleries, in manufacture of yeast, as food for stock or for other authorised purposes.

(c) Of this amount, £14,967,303 was repaid under Section 4 of the Finance Act, 1947 in respect of relief to Old Age Pensioners from increased tobacco duty (see also Table 42).

(d) For details of individual items see Tables 83, 84 and 85 (pages 144, 174 and 177).

(e) Excludes the additional duties on dried fruits under the Ottawa Agreements Act, 1932.

TABLE 8.—The Significance of Imperial Preference

Percentages

Articles	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
Spirits:—										
Brandy ...	23.3	8.8	5.9	4.5	2.9	2.0	1.4	1.4	1.0	1.0
Rum ...	99.7	99.8	99.9	99.8	99.9	99.9	99.8	99.8	99.8	99.6
Rum for re-distillation, methylation or use in art or manufacture ...	100.0	100.0	100.0	100.0	100.0	100.0	—	—	—	—
Other Sorts ...	70.0	73.8	66.9	49.0	55.6	51.2	44.0	42.0	42.7	44.3
Other Sorts for re-distillation, methylation or use in art or manufacture ...	0.0	0.0	0.0	3.6	88.0	100.0	100.0	100.0	100.0	100.0
Total Spirits ...	31.9	52.2	80.7	67.1	87.8	83.1	74.8	65.8	74.0	80.0
Beer ...	98.1	98.6	98.1	97.3	96.2	95.8	94.8	91.4	90.4	85.8
Wine ...	34.7	27.5	26.1	23.2	24.0	22.4	20.7	20.8	19.7	19.8
Tea ...	99.3	99.4	98.6	95.3	95.8	96.5	93.1	92.6	93.1	92.7
Cocoa:—										
Raw, Husks and Shells ...	94.3	68.6	77.4	95.3	98.7	91.1	80.6	(a) 88.1	96.5	95.1
Butter ...	1.2	5.9	32.1	39.2	70.0	41.4	4.4	2.2	2.9	1.6
Coffee ...	53.4	44.3	46.8	46.9	69.1	77.0	72.5	73.3	66.9	72.4
Chicory ...	—	—	0.0	0.1	0.0	—	0.0	0.0	0.0	0.0
Sugar, etc.:—										
Raw and Refined Articles containing Sugar	56.8	68.4	66.3	67.5	67.6	80.6	88.6	91.3	94.6	85.5
Molasses Imported	65.7	49.8	35.7	43.2	65.6	73.6	62.7	58.4	56.7	59.6
Glucose ...	72.4	75.6	86.9	92.4	92.7	89.6	80.1	80.4	83.4	79.6
Saccharin ...	0.0	0.0	0.0	0.0	0.0	0.0	5.1	1.5	1.4	2.6
	0.0	1.5	0.0	0.8	0.0	0.0	0.0	0.0	0.0	99.6
Fruit, Dried, etc.:—										
Currants ...	24.0	14.1	11.2	13.6	10.8	20.8	9.7	9.6	12.8	4.4
Raisins ...	38.0	9.0	10.0	31.8	34.0	65.5	51.7	63.2	34.2	46.1
Figs ...	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0
Plums ...	0.6	—	0.0	0.0	0.0	4.9	21.0	34.9	21.3	16.9
Tobacco:—										
Unmanufactured	30.1	34.8	39.4	42.0	44.8	47.3	47.3	47.5	48.7	49.9
Cigars ...	76.7	84.5	85.0	81.0	60.7	59.7	52.4	47.1	45.1	38.3
Cigarettes ...	3.4	1.1	0.4	0.7	0.3	0.1	0.2	1.7	6.7	4.9
Other	29.3	24.9	24.4	25.6	25.6	25.2	25.2	24.9	24.2	24.3
Total Tobacco...	30.1	34.8	39.4	42.0	44.7	47.3	47.3	47.5	48.6	49.8
Hops ...	—	—	—	0.0	0.0	0.0	0.0	6.1	9.7	35.9
Key Industry Goods ...										
Goods ...	34.1	28.6	22.4	18.3	20.3	30.8	14.5	20.0	23.4	23.3

The percentages are based on the quantities and values shown in Table 7 and represent the proportion of goods retained for consumption admitted to preference. 0.0 indicates that the percentage was less than 0.05, and a dash indicates that there were no deliveries.

(a) This percentage differs from that published in the 1955-56 Report—see footnote (c) to Table 73.

DRAWBACKS

TABLE 9.—Drawback of Revenue Duties—Amounts paid in respect of certain goods in 1957-58

£000

Description of goods	Exported as merchandise	Shipped as stores for Navy and Merchant vessels and aircraft	Deposited in Warehouse	For use of H.M. Forces (including naval victualling yards)
CUSTOMS				
Beer	1,589	94	15	—
Tea	9	1	—	—
Cocoa as such	328	—	11	1
Cocoa used in the manufacture of:—				
Chocolate confectionery... ..	59	1	—	1
Biscuits and Cakes	4	—	—	—
Total Cocoa	391	1	11	2
Coffee	32	2	1	—
Sugar as such	6,060	23	22	45
Sugar used in the manufacture of:—				
Sugar confectionery	144	4	—	—
Chocolate confectionery... ..	60	1	—	1
Jams and Marmalades	63	3	2	8
Condensed Milk	105	3	2	—
Biscuits and Cakes	24	1	—	—
All other articles	101	4	1	1
Total Sugar	6,557	39	27	55
Molasses as such	55	1	36	3
Molasses used in the manufacture of exported goods	7	—	—	—
Total Molasses	62	1	36	3
Tobacco—				
Cigars	79	4	8	8
Cigarettes	94,650	541	15,362	6,221
Smoking (Cut, Roll or Cake)	12,118	27	371	199
Snuff	112	—	—	—
Total Tobacco	106,959	572	15,741	6,428

continued on next page

TABLE 9.—Drawback of Revenue Duties—Amounts paid in respect of certain goods in 1957-58—*continued*

£000

Description of goods	Exported as merchandise	Shipped as stores for Navy and Merchant vessels and aircraft	Deposited in Warehouse	For use of H.M. Forces (including naval victualling yards)
Hydrocarbon Oils—				
Light Oils as such	57	7,826	—	43
Light Oils contained in:—				
Paints, Enamels, etc.	260	56	—	—
Wax and other Polishes	103	—	—	—
All other articles	103	2	—	—
Light Oils used in the manufacture of:—				
Rubber Tyres	56	—	—	—
Rubber and Asbestos fibre sheeting	9	—	—	—
Printed felt base	5	—	—	—
Rubber Gloves—				
Solution type Surgeons' Gloves	7	—	—	—
Proofed Cloth other than suedette	9	—	—	—
Suedette	12	—	—	—
Tennis and Golf Balls	8	—	—	—
Industrial Adhesive Tape	29	—	—	—
All other articles	14	—	—	—
Total Light Oils	672	7,884	—	43
Heavy Oils	175	55	—	4
Total Oil	847	7,939	—	47
Other Goods	1	—	—	—
Total Customs...	116,447	8,649	15,831	6,535

continued on next page

TABLE 9.—Drawback of Revenue Duties—Amounts paid in respect of certain goods in 1957-58—concluded

£000

Description of goods	Exported as merchandise	Shipped as stores for Navy and Merchant vessels and aircraft	Deposited in Warehouse	For use of H.M. Forces (including naval victualling yards)
Excise				
Spirits (as such)	—	—	63,044	—
Spirits used in Tinctures	641	—	—	11
Beer	2,107	253	2,894	—
Glucose as such	6	—	—	—
Glucose used in the manufacture of:—				
Sugar confectionery	13	—	—	—
All other articles	3	—	—	—
Total Glucose	22	—	—	—
Saccharin as such	56	—	—	—
Saccharin used in the manufacture of exported articles	9	—	—	—
Total Saccharin	65	—	—	—
Hydrocarbon Oils—				
Oils (as such)	81	6	—	—
Light Oils, contained in Paints, Enamels, etc.	67	14	—	—
Light Oils used in the manufacture of:—				
Printed Felt Base	7	—	—	—
Rubber and Asbestos fibre sheeting	2	—	—	—
Leather Cloth, etc.	3	—	—	—
All other articles	11	—	—	—
Total Oil	171	20	—	—
Total Excise	3,006	273	65,938	11
Total Customs and Excise...	119,453	8,922	81,769	6,546

The foregoing table shows the amounts of drawback of duty paid in respect of certain goods. The amounts included in the second column represent the amounts paid on exported goods, either on the merchandise itself, e.g. beer,

or on an ingredient, *e.g.* hydrocarbon oil in paint, etc. The third column represents the amounts paid on goods shipped as stores for consumption outside this country, *e.g.* on the high seas and which are, in effect, exported. The fourth column represents the drawback of duty on goods, *e.g.* certain spirits made in the United Kingdom and deposited in warehouse, pending withdrawal either for exportation or for home consumption on payment of duty. The fifth column includes the drawback of duty on goods supplied for use by H.M. Forces overseas and in certain naval establishments.

In addition to the above further amounts of drawback were paid in 1957-58 in respect of:—

- (i) Drawback of tobacco duty on the stem and other residual part of the tobacco leaf which is not used in the manufacture of cigarettes, etc. The drawback on these items amounted to £63 million during the year; further information is given in Table 47.
- (ii) Drawback of duty on sugar, molasses and glucose amounting to nearly £92,000, when the commodity was used in a manufacturing process for the production of other goods, *e.g.* spirits and yeast.
- (iii) Drawback of duty amounting to £39,000 on cocoa used in the manufacture of theobromine.

TABLE 10.—Drawback of Protective Duties—Amounts paid in recent years

Description of goods		1953-54	1954-55	1955-56	1956-57	1957-58
A.—Drawback payable on goods exported in the same state as imported—						
(i) Drawback of I.D.A. duty—						
Motor cars, motor cycles, and parts	...	447	504	460	386	581
Machinery and parts—	...					
Removed to registered shipbuilding yards	...	14	23	18	4	11
Shipped as stores	...	8	8	3	2	1
Exported as merchandise	...	632	661	722	909	921
Apparel	...	9	10	17	15	15
Textiles, other than apparel	...	102	77	87	79	63
Wood and timber, including plywood and veneers—	...					
Removed to registered shipbuilding yards	...	31	26	30	36	27
Shipped as stores	...	—	—	—	—	—
Exported as merchandise	...	6	8	9	9	10
Musical instruments and parts	...	33	37	55	79	88
Fancy goods	...	20	17	14	11	10
Ball and roller bearings	...	72	65	49	35	43
Clocks, watches, and parts	...	23	23	20	26	24
Other goods—	...					
Removed to registered shipbuilding yards	...	—	—	—	—	—
Shipped as stores (a)	...	70	89	106	145	171
Exported as merchandise	...					
Total I.D.A. duty	...	1,467	1,550	1,590	1,736	1,965
(ii) Drawback of Ottawa duty						
Beef, veal, and offals, not preserved in airtight containers—	...					
Shipped as stores	...	33	16	8	14	16
Exported for use of H.M. Forces	...	5	10	2	7	—
Exported as merchandise	...	—	2	1	5	10
Total Beef and Veal duties	...	38	28	11	26	26
(iv) Drawback of Key Industry duty—						
Key Industry goods—	...					
Shipped as stores	...	1	12	2	2	2
Exported as merchandise	...	210	559	775	525	344
Total Key Industry duty	...	211	571	777	527	346
(v) Drawback of Silk and Artificial Silk Duty						
CO) Total Drawbacks under this head	...	153 1,869	175 2,524	212 2,590	226 2,515	193 2,530

B.—Drawback payable on goods manufactured in the United Kingdom from imported materials (b)—

from imported materials (b)—					
(i) Drawback of I.D.A. duty—					
Cinematograph film	...	...	...	...	...
Boots, shoes, slippers, etc.	...	...	...	...	...
Toilet Paper—					
Shipped as stores	...	...	...	...	...
Exported as merchandise	...	...	...	...	...
Almonds, blanched	...	...	...	...	...
Quebracho extract, soluble	...	...	...	...	...
Other goods	...	...	...	...	...
Total I.D.A. duty	...	...	...	...	...
(ii) Drawback of Ottawa duty, etc.					
Paint, enamel, etc.—					
Removed to registered shipbuilding yards	...	...	...	...	...
Shipped as stores	...	...	...	...	...
Exported as merchandise	...	...	...	...	...
Linoleum—					
Removed to registered shipbuilding yards	...	...	...	...	...
Exported as merchandise	...	...	...	...	...
Felt base	...	...	...	...	...
Other goods	...	...	...	...	...
Linseed oil (from imported linseed)—					
Removed to registered shipbuilding yards	...	...	...	...	...
Shipped as stores	...	...	...	...	...
Exported as merchandise	...	...	...	...	...
Total Ottawa duty	...	...	...	...	...
(iii) Drawback of Silk and Artificial Silk Duty					

(iv) Total Drawbacks under this head					

Total Drawback of Protective duties—					
Import Duties Act duty	...	...	...	...	...
Ottawa duty	...	...	...	...	...
Beef and Veal duty	...	...	...	...	...
Key Industry duty	...	...	...	...	...
Silk and Artificial Silk duty	...	...	...	...	...
Total	...	...	...	...	...

(a) This item refers to all ships' stores not specified separately in A (i).

(b) The drawbacks in this portion are of duty on materials used in the manufacture of the goods shown. Thus the drawback on the first 4 items of B (ii) is in respect of Ottawa Duty on Linseed Oil used in manufacture.

TABLE 11.—Summary of Convictions in 1956-57 and 1957-58

	1956-57	1957-58
Smuggling for the evasion of:	No. of persons	No. of persons
(1) Duty or Purchase Tax	999	1,046
(2) Import Prohibitions and Restrictions... ..	46	63
Purchase Tax offences, except smuggling	134	130
Liquor Licence offences (other than illicit distillation) ...	43	47
Illicit distillation	9	16
Other Excise Licence Duty offences	391	328
Hydrocarbon Oils offences	27	22
Other offences	15	5
Total Convictions	1,664	1,657

TABLE 12.—Principal Dutiable Articles : Quantities retained for Consumption (Calendar Years)

Articles	Unit of Quantity	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Spirits (a) —											
Made in the U.K.	pf. gall.	5,241,359	5,912,144	6,772,469	7,511,212	7,455,316	8,206,373	8,253,019	9,383,161	10,114,554	10,402,383
Imported, Total (b)	"	4,525,963	5,665,963	5,369,994	5,173,582	5,701,863	5,384,993	5,414,443	5,587,623	5,838,311	5,755,077
" " Brandy	"	3,302,336	2,185,079	1,837,702	1,691,351	1,520,520	1,414,354	1,506,514	1,408,925	1,328,639	1,418,158
" " Brandy	"	548,555	606,753	642,358	713,073	634,656	624,655	636,207	680,012	752,966	730,573
Beer (c) ...	bulk barrel	28,733,055	26,877,775	25,764,433	25,613,608	25,522,695	25,565,088	24,500,412	25,071,546	25,120,596	25,535,528
Wine, Imported ...	gallon	8,831,072	7,541,467	8,608,896	10,069,802	9,641,816	10,342,539	11,297,240	12,530,614	13,142,459	14,485,235
British Wine ...	"	3,404,020	3,445,275	4,250,465	4,594,641	4,560,969	4,773,791	5,017,034	5,393,175	5,699,008	5,519,707
Sugar, Refined and Unrefined (d) ...	cwt.	35,211,409	37,059,538	34,154,787	36,978,003	34,269,219	39,953,153	42,214,069	46,868,567	48,064,235	50,690,585
Glucose ...	"	1,413,812	1,832,539	1,903,204	2,382,043	2,402,062	3,273,722	3,157,614	3,240,882	3,251,435	3,399,723
Tobacco —	lb.	213,212,057	211,082,705	213,425,646	220,733,034	217,650,367	223,656,293	232,395,615	235,675,792	235,567,610	242,098,105
Unmanufactured ...	"	445,790	392,845	400,240	485,646	543,059	500,224	572,663	610,905	662,358	747,511
Matches (e) —											
In containers of not more than 30 matches ...	1,000 containers standard	25,527	49,079	54,848	40,864	107,119	115,170	107,848	134,099	131,377	144,896
In containers of more than 30 matches ...	gross containers short standard	15,599,465	17,272,586	16,360,705	10,712,529	—	—	—	—	—	—
Hydrocarbon Oils —											
Heavy Oils for use as fuel in road vehicles	gallon	195,440,553	222,340,275	250,894,409	279,746,484	291,331,138	315,894,011	352,824,541	405,233,395	457,861,899	455,208,097
Imported ...	"	—	—	16,391,649	22,124,749	24,056,505	23,721,263	24,633,789	23,073,537	22,492,718	24,097,445
Home produced (f)	"	—	—	1,569,170,787	1,772,196,073	1,801,057,542	1,940,556,158	1,993,639,734	2,080,264,389	2,101,679,862	1,992,432,918
Light Oils	"	1,277,435,341	1,408,512,255	—	—	—	—	—	—	—	—
Imported ...	"	—	—	—	—	—	—	—	—	—	—
Home produced (f)	"	—	—	82,829,289	78,770,833	92,332,156	115,268,605	130,590,815	136,345,044	125,207,772	130,171,877

(a) Spirits delivered for re-distillation, methylation, use in art or manufacture or fortifying wines are excluded.

(b) Includes small quantities entered in liquid gallons. (In 1957 these amounted to 2,473 gallons).

(c) The figures represent the actual quantity charged with duty during each year, less the quantity on which drawback, etc., was paid.

(d) The consumption of sugar stated includes home-grown sugar and represents the equivalent in fully refined sugar of all sugar retained for home consumption, excluding sugar in composite articles imported and sugar exported on drawback whether in composite articles or not.

(e) This duty was recast from 1st August, 1951.

(f) From 19th April, 1950.

1. *Duty.* Duty is charged on spirits in accordance with their alcoholic strength, the unit of charge being the proof gallon. A proof gallon contains that quantity of ethyl alcohol which, if made up with distilled water to a volume of one gallon at a temperature of 51° Fahrenheit, would weigh twelve-thirteenths as much as a gallon of distilled water at the same temperature.*

The basic rate of duty, shown in Table 13, is the Excise rate on spirits produced in the United Kingdom and warehoused for not less than three years. It governs the rates on imported spirits. There are additional duties on spirits warehoused for less than three years, on spirits imported in bottle, and on imported sweetened spirits in respect of their sugar content. Spirits of Commonwealth origin are given a duty preference of 2s. 6d. per proof gallon.

During the period covered by Table 13, the legal definition of spirits for revenue purposes included, in addition to ethyl alcohol, methyl alcohol if purified so as to be potable.

2. *Medical and scientific use.* If duty-paid spirits are used in the manufacture of recognised medical preparations or for scientific purposes, rebate is allowed under Section 112 of the Customs and Excise Act, 1952 (formerly under Section 4 of the Finance Act, 1918) of any duty paid in excess of that in force before 1918, when the basic rate was 14s. 9d. per proof gallon. A corresponding reduction of duty is made in respect of spirits contained in imported medical preparations.

3. *Non-dutiable uses.* Generally speaking, spirits used for domestic heating, cleaning, etc., or for industrial purposes, enjoy relief from duty. If produced in the United Kingdom, they are free of duty; if imported, a small differential duty is chargeable in certain cases. Most spirits used in this way are home-produced and (except in Table 22) all such spirits are, for ease of reference, described below as "duty-free" spirits.

Before delivery for duty-free use, such spirits are normally required to be rendered non-potable by methylation. But spirits for use in art or manufacture may be delivered duty-free without methylation, subject to certain conditions, if the use of methylated spirits would be unsuitable or detrimental.

Spirits delivered duty-free under these provisions may be divided into four main classes:—

(i) "Mineralised methylated spirits". This is the variety used by the general public for domestic purposes.

(ii) "Industrial methylated spirits". This includes any methylated spirits, other than mineralised, intended for use in industry.

(iii) Power methylated spirits. Methylated spirits used in generating mechanical power are dutiable as such (see page 102), though relieved of spirits duty.

(iv) Spirits delivered without methylation for use in art or manufacture.

In addition, spirits are permitted to be used in bonded warehouse, free of spirits duty, in the fortification of wines. (For the duties on wines, see page 72.)

As indicated by the footnotes, spirits delivered "duty-free" for these purposes are excluded from the quantities of dutiable spirits shown in Tables 13 and 15; the receipts from the differential Customs duties are, however, included in Tables 13 and 14.

* At 60° F., proof spirit contains 49·28 per cent. of alcohol by weight and 57·1 per cent. by volume.

4. *Re-distillation, rectification, etc.* In years previous to 1954-55, quantities of spirits, re-distilled in this country from imported spirits and subsequently used in the manufacture of gin or other British compounded spirits, have been charged with the differential Customs duty on delivery for re-distillation, subsequently becoming liable to the appropriate rate of Excise duty on delivery from bond after re-distillation. To avoid double accounting such deliveries for re-distillation are excluded from Table 13 and from the amounts of imported spirit shown in Table 15, the quantities concerned being included in the quantities on which Excise duty is charged, and therefore recorded under spirits "made in the U.K."

With the foregoing qualification, the quantities and receipts of duty shown in Tables 14 to 26 in respect of the different kinds of spirits relate to the description of the spirits at the time of payment of duty. In reading the Tables it should be borne in mind that British compounded spirits are made by rectification, compounding, etc., of spirits which are duty-paid under other descriptions, so that it is possible that spirits which bear duty, and appear in Tables 22 and 23, as rum may subsequently be converted, for example, into gin.

5. *Further notes.* Some further notes on Tables 22-28 may be found on page 59 following Table 22.

6. *Licences.* To facilitate revenue control of production and of stocks of spirits, distillers, rectifiers, compounders, and traders who sell spirits are required to possess an annual licence. The numbers of licences issued in 1957-58, and other statistical information, are given in Table 89 on page 184 *et seq.*

TABLE 13.—Dutiable Spirits: Rates of Duty, Quantities retained for Consumption and Net Receipts

			Basic Duty per proof gallon	Quantities retained for Consumption (Total Customs and Excise) (a)	Total Net Receipts
			£ s. d.	Proof gallons	£
1948-49	...	...	<div> <div>9 10 10</div> <div>10 10 10</div> <div>(7th April, 1948)</div> <div>10 10 10</div> </div>	8,910,259	90,870,484
1949-50	...	...		9,765,921	98,284,796
1950-51	...	...	10 10 10	11,397,044	114,549,378
1951-52	...	...	10 10 10	9,670,453	96,927,407
1952-53	...	...	10 10 10	10,222,436	103,353,401
1953-54	...	...	10 10 10	10,643,681	107,373,466
1954-55	...	...	10 10 10	11,513,385	116,440,389
1955-56	...	...	10 10 10	12,354,367	125,489,101
1956-57	...	...	10 10 10	12,854,146	131,079,343
1957-58	...	...	10 10 10	13,226,377	135,106,038

(a) Includes spirits granted rebate of duty in respect of medical or scientific use (Table 26) but does not include spirits delivered for re-distillation, methylation, use in art or manufacture or in fortifying wines.

TABLE 14.—Spirits: Net Receipts (a)

£						
	Customs				Excise	Total
	Rum	Brandy	Other Sorts	Total		
1948-49 ...	29,463,592	6,068,136	8,617,377	44,149,105	46,721,379	90,870,484
1949-50 ...	22,628,256	6,708,768	10,286,785	39,623,809	58,660,987	98,284,796
1950-51 ...	21,755,458	7,910,742	9,069,210	38,735,410	75,813,968	114,549,378
1951-52 ...	15,277,811	6,734,108	7,838,126	29,850,045	67,077,362	96,927,407
1952-53 ...	15,493,865	6,586,310	6,626,165	28,706,340	74,647,061	103,353,401
1953-54 ...	14,307,370	6,542,602	5,454,516	26,304,488	81,068,978	107,373,466
1954-55 ...	14,221,886	6,950,484	5,162,588	26,334,958	90,105,431	116,440,389
1955-56 ...	15,240,116	7,376,261	5,325,310	27,941,687	97,547,414	125,489,101
1956-57 ...	14,913,389	8,120,312	5,980,995	29,014,696	102,064,647	131,079,343
1957-58 ...	15,145,712	7,859,668	5,986,883	28,992,263	106,113,775	135,106,038

a) This table includes—

- (i) the receipts of duty payable at rebated rates on spirits for medical and scientific use;
 - (ii) the differential duties payable on certain imported spirits (Table 22);
 - (iii) the net receipts from the additional Customs duty levied in connection with the sugar content of sweetened unenumerated spirits (where tested) which in 1957-58 amounted to £6,799;
- but excludes—
- (i) the duty on spirits in cocoa preparations which amounted to £35,720 in 1957-58 and is included in Table 73;
 - (ii) the receipts from spirits in sugar goods which amounted to £1,583 in 1957-58 and are included in Table 68.

DRAWBACKS

TABLE 9.—Drawback of Revenue Duties—Amounts paid in respect of certain goods in 1957-58

£000

Description of goods	Exported as merchandise	Shipped as stores for Navy and Merchant vessels and aircraft	Deposited in Warehouse	For use of H.M. Forces (including naval victualling yards)
CUSTOMS				
Beer	1,589	94	15	—
Tea	9	1	—	—
Cocoa as such	328	—	11	1
Cocoa used in the manufacture of:—				
Chocolate confectionery... ..	59	1	—	1
Biscuits and Cakes	4	—	—	—
Total Cocoa ...	391	1	11	2
Coffee	32	2	1	—
Sugar as such	6,060	23	22	45
Sugar used in the manufacture of:—				
Sugar confectionery	144	4	—	—
Chocolate confectionery... ..	60	1	—	1
Jams and Marmalades	63	3	2	8
Condensed Milk	105	3	2	—
Biscuits and Cakes	24	1	—	—
All other articles	101	4	1	1
Total Sugar ...	6,557	39	27	55
Molasses as such	55	1	36	3
Molasses used in the manufacture of exported goods	7	—	—	—
Total Molasses	62	1	36	3
Tobacco—				
Cigars	79	4	8	8
Cigarettes	94,650	541	15,362	6,221
Smoking (Cut, Roll or Cake) ...	12,118	27	371	199
Snuff	112	—	—	—
Total Tobacco	106,959	572	15,741	6,428

continued on next page

TABLE 9.—Drawback of Revenue Duties—Amounts paid in respect of certain goods in 1957-58—*continued*

£000

Description of goods	Exported as merchandise	Shipped as stores for Navy and Merchant vessels and aircraft	Deposited in Warehouse	For use of H.M. Forces (including naval victualling yards)
Hydrocarbon Oils—				
Light Oils as such	57	7,826	—	43
Light Oils contained in:—				
Paints, Enamels, etc.	260	56	—	—
Wax and other Polishes	103	—	—	—
All other articles	103	2	—	—
Light Oils used in the manufacture of:—				
Rubber Tyres	56	—	—	—
Rubber and Asbestos fibre sheeting	9	—	—	—
Printed felt base	5	—	—	—
Rubber Gloves—				
Solution type Surgeons' Gloves	7	—	—	—
Proofed Cloth other than suedette	9	—	—	—
Suedette	12	—	—	—
Tennis and Golf Balls	8	—	—	—
Industrial Adhesive Tape	29	—	—	—
All other articles	14	—	—	—
Total Light Oils	672	7,884	—	43
Heavy Oils	175	55	—	4
Total Oil	847	7,939	—	47
Other Goods	1	—	—	—
Total Customs...	116,447	8,649	15,831	6,535

continued on next page

TABLE 16.—Ethyl Alcohol and Compounded Spirits made in the United Kingdom: Stock, Production and Distribution, 1957-58
Proof Gallons

Stock and Production		Distribution	
In Warehouse on 31st March, 1957 (Table 17) ...	(a) 203,838,905	Spirits retained for consumption ...	10,492,835
Re-warehoused on re-importation, etc. ...	89,178	Exported (Table 19) ...	20,631,293
Produced in 1957-58 (Table 18) ...	115,177,614	Exported as Medical Preparations ...	229,733
		Used as ships' stores and removed to Naval victualling yards ...	327,519
		Used for fortifying Wines ...	260,292
		Used in re-distillation ...	711,951
		Used in art or manufacture (Table 28) ...	27,060,451
		Methylated ...	19,294,942
		Deficiencies allowed, etc. ...	5,294,906
		Balance in warehouse on 31st March, 1958 (Table 17)	84,303,922
	319,105,697	(a) 234,801,775	319,105,697

(a) Subject to deficiencies allowable on withdrawal.

TABLE 17.—Ethyl Alcohol and Compounded Spirits made in the United Kingdom: Stocks in Bonded Warehouses (a)
Proof Gallons

On 31st March		England and Wales		Scotland		Northern Ireland		Total
		Plain Ethyl Alcohol	Compounded	Plain Ethyl Alcohol	Compounded	Plain Ethyl Alcohol	Compounded	Compounded
1949	...	6,843,030	533,859	98,882,333	211,743	876,831	11,859	757,461
1950	...	4,134,985	392,343	111,727,303	212,299	855,920	11,068	615,710
1951	...	4,121,488	405,329	124,087,065	101,118	835,314	13,688	520,135
1952	...	4,664,775	724,771	136,662,913	195,564	932,621	12,400	932,735
1953	...	4,771,163	577,093	148,497,867	161,930	1,016,327	9,588	748,611
1954	...	4,866,504	632,828	152,265,164	151,414	999,342	8,523	792,765
1955	...	4,300,173	579,986	167,918,246	153,330	1,017,649	8,680	741,996
1956	...	4,819,315	626,058	179,972,981	146,854	1,077,124	7,454	780,366
1957	...	5,229,138	826,859	196,462,485	168,126	1,143,107	9,190	1,004,175
1958	...	6,777,005	845,612	225,702,704	208,497	1,260,517	7,440	1,061,549

(a) Subject to deficiencies allowable on withdrawal.

TABLE 18.—Ethyl Alcohol made in the United Kingdom: Production

Proof Gallons

			England and Wales and Northern Ireland	Scotland	Total
1948-49	...	...	38,346,264	29,155,695	67,501,959
1949-50	...	...	44,525,339	32,300,564	76,825,903
1950-51	...	...	60,294,619	38,077,549	98,372,168
1951-52	...	...	49,354,427	39,576,431	88,930,858
1952-53	...	...	29,128,870	41,572,455	70,701,325
1953-54	...	...	32,837,869	44,316,460	77,154,329
1954-55	...	...	43,523,466	53,157,065	96,680,531
1955-56	...	...	48,212,013	57,493,490	105,705,503
1956-57	...	...	46,467,458	65,782,549	112,250,007
1957-58	...	...	31,582,315	83,595,299	115,177,614

TABLE 19.—Ethyl Alcohol made in the United Kingdom: Exports (a)

Proof Gallons

		Whisky, Scotch or Irish (i.e., spirits certificated as such)	Gin and other British compounded spirits	Other beverage spirits	Industrial Ethyl Alcohol	Total
1948-49	...	...	...	970,420	66,945	9,150,266
1949-50	...	8,112,901	...	1,062,514	98,403	9,742,821
1950-51	...	8,581,904	...	1,299,942	259,755	11,504,659
1951-52	...	9,944,962	1,742,629	136,324	103,352	13,184,907
1952-53	...	11,202,602	1,375,701	106,340	62,654	13,385,221
1953-54	...	11,840,526	1,455,880	30,485	134,641	14,952,610
1954-55	...	13,331,604	1,562,013	19,679	136,636	15,377,591
1955-56	...	13,639,263	1,756,827	74,079	209,744	17,435,668
1956-57	...	15,395,018	1,831,447	164,440	207,785	18,645,931
1957-58	...	16,442,259	2,112,776	216,673	172,976	20,631,293
	...	18,128,868				

(a) Excludes methylated spirits, spirits used in medical preparations exported and spirits deposited or consigned under military control for H.M. Forces overseas.

TABLE 20.—Ethyl Alcohol Distilleries: Number at work (a)

Year (Ended 30th September)				England and Wales	Scotland	Northern Ireland	Total
1948	...	...	...	7	88	2	97
1949	...	...	...	7	91	2	100
1950	...	...	...	9	95	2	106
1951	...	...	...	9	97	2	108
1952	...	...	...	9	97	3	109
1953	...	...	...	9	97	3	109
1954	...	...	...	9	96	2	107
1955	...	...	...	9	95	2	106
1956	...	...	...	9	95	2	106
1957	...	...	...	9	97	2	108

(a) In addition there was one distillery employed in re-distillation only during 1948 and 1949.

TABLE 21.—Ethyl Alcohol Distilleries: Number at work and quantities of material used and of spirits produced (a)

Year (Ended 30th September)	Distilleries using Malt only				Distilleries using Malt and other materials				Distilleries using Molasses only			
	Number at work	Materials used	Production		Number at work	Materials used		Production	Number at work	Materials used	Production	Total Production
			Malt	Proof Gallons		Malt	Other Materials					
1948	80	1,205,428	8,329,428	524,357	1,536,138	—	—	12,592,685	7	6,826,981	38,804,753	59,726,866
1949	83	1,642,700	11,328,371	681,608	1,967,031	—	—	16,343,899	7	6,123,496	36,309,021	63,981,291
1950	86	1,823,555	12,793,481	654,432	2,047,248	—	—	16,731,384	7	8,755,137	51,400,038	80,924,903
1951	87	1,758,783	12,324,133	611,956	2,096,910	—	—	16,179,342	8	10,701,344	61,470,975	89,974,450
1952	88	1,832,121	12,727,752	709,769	2,425,961	—	—	18,794,953	8	5,996,975	35,008,957	66,531,662
1953	88	1,754,567	12,428,091	532,293	1,910,615	—	—	14,940,932	8	4,104,001	23,545,658	50,914,681
1954	87	1,940,751	13,748,938	704,571	2,532,754	—	—	20,466,392	7	5,040,203	30,425,402	64,640,732
1955	87	2,147,039	15,141,292	830,997	2,932,820	—	—	25,253,311	6	5,052,589	39,679,232	80,073,835
1956	86	2,206,638	15,863,171	889,401	2,979,981	—	—	27,090,134	6	4,394,880	37,065,135	80,018,440
1957	89	2,564,296	18,217,031	950,885	3,537,389	—	—	31,415,360	6	4,796,392	33,145,716	82,778,107

(a) Fermentation-distillation process: the quantities of materials used are based on returns supplied by the distillers. In addition, in the years ended 30th September, 1948 and 1949, one distillery has and, in the years ended 30th September, 1950 to 1957 inclusive, two distilleries have been producing ethyl alcohol by another process.

TABLE 22.—Imported Spirits: Quantities retained for Consumption and Net Receipts, 1957-58

Description	Imported in	Quantities retained for Consumption		Net Receipts	
		Proof Gallons		£	
<i>On payment of Customs duty at full or preferential rates:</i>					
Rum	cask	1,319,050		13,873,598	
"	bottle	119,668		1,262,290	
Imitation Rum (a)	bottle	919		9,824	
Total (Table 23)			1,439,637		15,145,712
Brandy	cask	87,921		932,400	
"	bottle	648,952		6,927,238	
Total (Table 24)			736,873		7,859,638
Geneva	cask	555		5,926	
"	bottle	20,404		219,322	
Unenumerated sweetened	cask	12,796		136,822	
"	bottle	278,587		2,989,456	
Unenumerated not sweetened	cask	177,734		1,997,580	
"	bottle	52,904		559,935	
Naptha and Methyl Alcohol	bottle	4		45	
Not sweetened, not shown to be unenumerated	cask	—		—	
"	bottle	2,285		24,420	
Not tested "	bottle	(b) 123		2,044	
Perfumed	cask	(b) 157		1,534	
"	bottle	(b) 2,278		22,268	
Articles containing Spirit (c)		388		4,352	
Duty on Samples		—		16,515	
Total (Table 25)			548,215		5,980,219
Total on payment of Customs duty at full or preferential rates (A)			2,724,725		28,985,569
<i>Granted rebate of duty:</i>					
<i>Spirits for medicinal or scientific use:</i>					
Brandy	cask	19		14	
"	bottle	19		16	
Unenumerated sweetened or unsweetened	cask	7,683		5,827	
"	bottle	864		681	
Not shown to be unenumerated, sweetened or unsweetened	bottle	194		156	
Total (Table 26) (excluded from Total at (A))			8,779		6,694
<i>On payment of differential duty</i>		—	—	—	—
<i>Free of duty:</i>					
<i>For re-distillation:</i>					
Unenumerated not sweetened		15,809		—	
<i>For methylation:</i>					
Unenumerated not sweetened		295,047		—	
<i>For use in art or manufacture:</i>					
Unenumerated not sweetened		2,180,384		—	
Total Free of duty			2,508,240		—
TOTAL—All Imported Spirits			5,242,744		28,992,363

(a) See page 59.

(b) Liquid gallons.

(c) Excluding sugar goods (see Table 68) and cocoa preparations (see Table 73).

The foregoing table summarises the quantities of imported spirits retained for consumption in 1957-58 together with net receipts of duty. Further details about some of the items in certain earlier years appear in Tables 23 to 26. Tables 23 to 25 are concerned exclusively with imported spirits; Tables 26 to 28 include both British-made and imported spirits. Tables 26 and 28 show this division clearly but imported spirits are not separately distinguished in Table 27. Thus:—

Tables 23 and 24 show the quantities and net receipts of duty in respect of rum and brandy respectively from 1948-49 to 1957-58.

Table 25 gives similar information about other spirits for the same periods.

Table 26 sets out the quantities of spirits used for medical or scientific purposes on which duty was paid at rebated rates and the net receipts of duty therefrom.

Tables 27 and 28 give further information about the quantities of "duty-free" spirits used.

"Imitation rum," to which reference is made in Table 22, can be regarded broadly as spirits resembling rum, produced in countries where the sugar cane does not normally grow.

TABLE 23.—Imported Spirits—Rum: Quantities retained for Consumption and Net Receipts(a)

	Quantities retained for Consumption			Net Receipts
	Full	Preferential	Total	
	Proof Gallons			£
1948-49... ..	8,746	2,774,503	2,783,249	29,417,424
1949-50... ..	4,962	2,127,559	2,132,521	22,565,591
1950-51... ..	3,018	2,058,253	2,061,271	21,742,993
1951-52... ..	3,074	1,446,395	1,449,469	15,277,811
1952-53... ..	1,772	1,469,857	1,471,629	15,493,796
1953-54... ..	1,824	1,357,071	1,358,895	14,307,370
1954-55... ..	2,135	1,349,828	1,351,963	14,221,886
1955-56... ..	2,385	1,447,006	1,449,391	15,240,116
1956-57... ..	2,492	1,415,321	1,417,813	14,913,389
1957-58(b) ...	6,306	1,433,331	1,439,637	15,145,712

(a) Excludes spirits granted rebate of duty in respect of medical or scientific use under Section 112 of the Customs and Excise Act, 1952 (formerly under Section 4 of the Finance Act, 1918) (see Table 26).

(b) See first three items in Table 22. An estimate of the quantity of rum, consumed *as such*, in 1957-58 is shown on page 10 (see also Spirits notes, page 47).

TABLE 24.—Imported Spirits—Brandy: Quantities retained for Consumption and Net Receipts(a)

	Quantities retained for Consumption			Net Receipts
	Full	Preferential	Total	
	Proof Gallons			£
1948-49... ..	436,216	132,208	568,424	6,068,124
1949-50... ..	571,370	54,941	626,311	6,708,746
1950-51... ..	696,854	43,453	740,307	7,910,742
1951-52... ..	602,634	28,358	630,992	6,734,085
1952-53... ..	599,506	17,719	617,225	6,586,281
1953-54... ..	600,785	12,256	613,041	6,542,555
1954-55... ..	642,130	9,283	651,413	6,950,463
1955-56... ..	682,029	9,521	691,550	7,376,240
1956-57... ..	753,222	7,717	760,939	8,120,283
1957-58... ..	729,714	7,159	736,873	7,859,638

(a) Excludes spirits granted rebate of duty in respect of medical or scientific use under Section 112 of the Customs and Excise Act, 1952 (formerly under Section 4 of the Finance Act, 1918) (see Table 26).

TABLE 25.—Imported Spirits—Other than Rum and Brandy: Quantities retained for Consumption and Net Receipts(a)

Quantities retained for Consumption												Net Receipts	
Geneva			Plain Spirits (i.e., Un-enumerated not sweetened)			Other Descriptions (b)			Total				
Full	Prefer- ential	Total	Full	Prefer- ential	Total	Full	Prefer- ential	Total	Full	Prefer- ential	Total		
Proof Gallons													£
1948-49	33,433	47	33,480	18,397	399,835	418,232	141,614	64,684	206,298	193,444	464,566	658,010	7,022,583
1949-50	18,296	90	18,386	16,772	650,790	667,562	197,497	18,663	216,160	232,565	669,543	902,108	9,623,700
1950-51	20,395	22	20,417	53,326	550,590	603,916	196,755	13,906	210,661	270,476	564,518	834,994	9,010,280
1951-52	20,608	192	20,800	133,264	327,749	461,013	195,164	12,772	207,936	349,036	340,713	689,749	7,440,530
1952-53	18,298	263	18,561	65,312	329,916	395,228	181,218	12,320	193,538	264,828	342,499	607,327	6,587,825
1953-54	18,156	486	18,642	27,640	243,286	270,926	193,628	14,967	208,595	239,424	258,739	498,163	5,446,875
1954-55	19,925	367	20,292	25,974	189,698	215,672	213,071	21,649	234,720	258,970	211,714	470,684	5,153,821
1955-56	19,319	479	19,798	24,751	175,868	200,619	233,518	31,723	265,241	277,588	208,070	485,658	5,318,024
1956-57	21,177	444	21,621	24,539	196,758	221,297	261,835	41,160	302,995	307,551	238,362	545,913	5,971,082
1957-58	20,117	842	20,959	26,947	203,691	230,638	255,112	41,506	296,618	302,176	246,039	548,215	5,980,219

(a) Excludes spirits granted rebate of duty in respect of medical or scientific use under Section 112 of the Customs and Excise Act, 1952 (formerly under Section 4 of the Finance Act, 1914) (see Table 26).
(b) Includes certain quantities entered in liquid gallons (in 1957-58 these amounted to 2,528 gallons (see Table 22)) and spirits contained in soap, perfumery and varnish (shown as articles containing spirit in Table 22).

TABLE 26.—Spirits granted rebate of duty in respect of Medical or Scientific use (a): Quantities retained for Consumption and Net Receipts

			Quantities			Net Receipts		
			Customs (b)	Excise	Total	Customs	Excise	Total
			Proof Gallons			£		
1948-49	...	...	7,224	510,360	517,584	5,569	376,399	381,968
1949-50	...	...	6,729	580,340	587,069	5,152	428,007	433,159
1950-51	...	...	9,740	621,328	631,068	7,455	458,230	465,685
1951-52	...	...	6,797	587,095	593,892	5,214	433,050	438,264
1952-53	...	...	9,586	488,270	497,856	7,297	360,104	367,401
1953-54	...	...	7,955	532,673	540,628	6,072	392,850	398,922
1954-55	...	...	11,525	539,727	551,252	8,788	398,054	406,842
1955-56	...	...	9,585	525,010	534,595	7,307	387,200	394,507
1956-57	...	...	13,049	491,856	504,905	9,942	362,754	372,696
1957-58	...	...	8,779	483,932	492,711	6,694	356,893	363,587

(a) Under Section 112 of the Customs and Excise Act, 1952 (formerly under Section 4 of the Finance Act, 1918).

(b) Includes certain quantities entered in liquid gallons.

TABLE 27.—Duty-free Spirits: Methylated: Quantities Received and issued by Methylators

	Power			Industrial			Mineralised		Total	
	Spirits received for methylation	Methylated Spirits issued	Spirits received for methylation	Methylated Spirits issued		Bulk Gallons	Spirits received for methylation	Methylated Spirits issued	Spirits received for methylation	Methylated Spirits issued
				Pyridinised	Other					
	Proof Gallons	Bulk Gallons	Proof Gallons	Bulk Gallons			Proof Gallons	Bulk Gallons	Proof Gallons	Bulk Gallons
1948-49 ...	114,524	70,742	14,851,308	138,519	9,287,513		3,109,109	2,078,574	18,074,941	11,575,348
1949-50 ...	139,978	85,871	16,250,335	150,493	10,287,455		3,219,693	2,208,919	19,610,006	12,732,738
1950-51 ...	10,986	25,087	17,816,169	137,243	10,902,372		3,107,051	2,095,831	20,934,206	13,160,533
1951-52 ...	913	572	17,367,011	133,270	10,562,446		2,868,629	1,940,540	20,236,553	12,636,828
1952-53 ...	1,336	818	13,865,978	101,983	7,189,265		2,622,761	1,712,946	16,490,075	9,005,012
1953-54 ...	—	—	14,900,954	141,300	9,174,157		2,631,737	1,838,369	17,532,691	11,153,826
1954-55 ...	194	120	16,955,139	489,693	10,085,990		2,536,254	1,772,093	19,491,587	12,347,896
1955-56 ...	323	200	17,704,741	572,716	10,385,468		2,610,690	1,804,001	20,315,754	12,762,385
1956-57 ...	—	—	17,569,667	554,702	10,093,402		2,351,103	1,669,594	19,920,770	12,317,698
1957-58 ...	—	—	17,287,136	595,666	10,344,675		2,299,907	1,632,237	19,587,043	12,572,578

TABLE 28.—Duty-free Spirits (a): Non-methylated Ethyl Alcohol: Quantities Received by Users

				Proof Gallons		
				Made in U.K.	Imported	Total
1948-49	...	...	21,353,187	7,829,228	29,182,415
1949-50	...	...	28,364,233	4,557,935	32,922,168
1950-51	...	...	42,877,606	2,013,777	44,891,383
1951-52	...	...	32,775,775	7,788,320	40,564,095
1952-53	...	...	19,935,308	3,581,443	23,516,751
1953-54	...	...	30,342,518	415,737	30,758,255
1954-55	...	...	32,202,129	1,117,749	33,319,878
1955-56	...	...	39,326,615	138,899	39,465,514
1956-57	...	...	41,393,482	1,065,710	42,459,192
1957-58	...	...	27,060,451	2,180,027	29,240,478

(a) Under Section 111 of the Customs and Excise Act, 1952 (formerly under Section 8 of the Finance Act, 1902) (see page 46).

BEER

Duty.—The basic duty is the Excise duty on beer brewed in the United Kingdom and the unit of the charge is the "bulk barrel", *i.e.*, 36 gallons whatever the gravity. Duty is assessed on the "worts", *i.e.*, the liquid produced from the mash before fermentation has begun. A statutory deduction of 6 per cent. is made from the assessment to allow for subsequent wastage and loss during the preparation of the beer for consumption. Further, the brewer is allowed a period of credit, the aggregate net charge for each calendar month being payable by the 25th day of the following month.

The preferential rate of Customs duty on imported beer exceeds the Excise duty by 1s. 3d. a bulk barrel, of which 5d. is to countervail the cost to the United Kingdom brewer of the licence duty and the Excise restrictions to which he is subject and 10d. to countervail the Customs duty on imported hops (*see* page 139). On the imports of foreign beer, which normally consist largely of lager beer, there is also a surtax of £1 a bulk barrel intended to give a measure of protection to the British lager beer industry.

In the following tables, quantities are shown in "bulk barrels"—*i.e.* 36 gallons whatever the gravity—and, for ease of comparison, "standard barrels"—*i.e.*, 36 gallons at a gravity of 1055°.

Licences.—To facilitate revenue control of the production and of stocks of beer, brewers are required to possess an annual licence. The numbers of such licences issued in 1957-58 and other statistical information are given on page 183 *et seq.*

TABLE 29.—Beer: Net Quantities duty-paid and Average Gravity

	Beer brewed in U.K.		Imported Beer		Total	
	Quantity	Average Gravity	Quantity	Average Gravity	Quantity	Average Gravity
	Million Bulk Barrels	Degrees	Million Bulk Barrels	Degrees	Million Bulk Barrels	Degrees
1948-49 ...	27·05	1,033·18	0·87	1,043·35	27·92	1,033·50
1949-50 ...	25·76	1,083·71	1·02	1,043·48	26·78	1,034·08
1950-51 ...	24·75	1,036·51	0·98	1,046·31	25·73	1,036·88
1951-52 ...	24·67	1,036·91	0·96	1,046·22	25·63	1,037·26
1952-53 ...	24·39	1,036·66	0·97	1,045·43	25·36	1,036·99
1953-54 ...	24·20	1,036·73	1·02	1,045·49	25·22	1,037·09
1954-55 ...	23·61	1,036·91	1·04	1,045·41	24·65	1,037·27
1955-56 ...	24·12	1,037·04	1·15	1,045·11	25·27	1,037·41
1956-57 ...	24·17	1,037·20	1·22	1,044·31	25·39	1,037·55
1957-58 ...	24·17	1,037·29	1·20	1,043·71	25·37	1,037·59

TABLE 30.—Beer: Rates of Duty, Net Quantities duty-paid and Net Receipts

	Basic Duty	Net Quantity duty-paid (Total Customs and Excise)		Total Net Receipts
		Bulk Barrels	Standard Barrels	£
1948-49	159s. 9d. per barrel at 1027° plus 5s. 11d. per additional degree	27,923,829	17,009,216	307,317,782
1949-50	178s. 10½d. per barrel at 1027° plus 6s. 7½d. per additional degree (7th April, 1948)			
1950-51	157s. 10½d. per barrel at 1027° plus 6s. 7½d. per additional degree (7th April, 1949)	26,780,892	16,596,382	276,770,158
1951-52	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree (19th April, 1950)	25,733,066	17,256,253	262,194,083
1952-53	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,632,678	17,365,762	260,886,816
1953-54	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,362,240	17,061,113	255,934,656
1954-55	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,219,960	17,007,913	255,282,572
1955-56	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	24,647,966	16,705,181	251,009,723
1956-57	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,265,741	17,187,095	258,509,607
1957-58	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,393,823	17,337,000	260,979,623
	155s. 4½d. per barrel at 1030° plus 6s. 7½d. per additional degree	25,367,395	17,339,965	261,139,401

TABLE 31.—Beer brewed in the United Kingdom: Quantities charged with duty and duty-paid, Average Gravities and Net Receipts

	Quantities										Net Receipts £			
	Quantities charged with duty			Duty-paid						Drawbacks and Repayments		Net duty-paid		
				Duty-paid										
				Bulk Barrels	Standard Barrels	Average Gravity	Bulk Barrels	Standard Barrels	Bulk Barrels					Standard Barrels
1948-49	...	26,990,144	16,409,937	1,033·43	27,386,805	16,600,349	338,524	281,223	27,048,281	16,319,126	294,678,035			
1949-50	...	26,513,897	16,337,315	1,033·88	26,165,094	16,129,738	402,805	338,551	25,762,289	15,791,187	263,088,673			
1950-51	...	24,891,746	16,739,464	1,036·99	25,146,581	16,770,780	394,995	340,880	24,751,586	16,429,900	249,146,244			
1951-52	...	25,156,489	16,958,628	1,037·07	25,134,192	16,967,380	462,796	409,420	24,671,396	16,557,960	248,165,812			
1952-53	...	24,883,227	16,681,119	1,036·87	24,807,940	16,625,515	413,294	363,730	24,394,646	16,261,785	243,372,425			
1953-54	...	24,582,303	16,525,316	1,036·97	24,649,107	16,557,044	448,129	391,876	24,200,978	16,165,168	242,031,712			
1954-55	...	23,934,215	16,161,698	1,037·13	23,999,611	16,192,156	395,404	348,783	23,604,207	15,843,373	237,452,121			
1955-56	...	24,551,158	16,618,162	1,037·22	24,521,701	16,600,188	403,146	354,064	24,118,555	16,246,124	243,682,807			
1956-57	...	24,506,524	16,674,001	1,037·42	24,599,672	16,729,095	429,752	378,183	24,169,920	16,350,912	245,473,441			
1957-58	...	24,647,978	16,799,108	1,037·48	24,591,050	16,758,858	427,882	375,858	24,163,168	16,383,000	246,077,234			

TABLE 32.—Beer brewed in the United Kingdom: Quantities of Materials used and of Beer produced

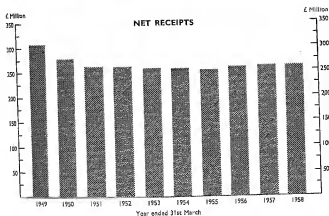
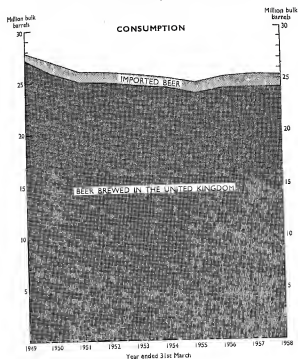
TABLE 32.—Beer Brewed in the United Kingdom											
Year (Ended 30th September)	Brewers for Sale						Brewers not for Sale (liable for Beer Duty)(c)				
	Materials used						Beer Produced and Charged with Duty	Materials Used		Standard Barrels	
	Malt(b)	Unmalted Corn(b)	Rice, Rice Grits, Flaked Rice, Maize Grits, Flaked Maize and other similar Preparations	Sugar, including its liquid Glucose, etc.	Hops	Prepara- tions of Hops		Hop Sub- stitutes			
									Cwt.		Cwt.
1948	9,499,794	69,939	606,881	1,443,558	231,470	630	547	28,813,725	6	—	11
1949	9,087,351	60,709	505,071	1,303,212	233,158	164	74	26,744,457	2	—	10
1950	9,094,097	56,174	454,500	1,285,877	232,979	114	90	25,339,062	7	—	11
1951	9,282,152	57,681	452,581	1,355,152	229,106	178	82	24,870,564	2	—	8
1952	9,312,437	51,992	467,189	1,385,836	228,512	114	177	25,285,589	1	—	1
1953	9,085,688	58,012	426,396	1,405,154	225,569	335	222	24,789,130	6	—	9
1954	8,629,252	52,219	462,005	1,484,605	216,841	286	188	24,153,387	5	—	8
1955	8,635,522	46,556	478,150	1,529,256	217,716	92	27	24,324,623	1	—	2
1956	8,630,145	40,038	486,838	1,544,258	218,820	110	42	24,187,096	6	—	8
1957	8,872,468	13,834	532,214	1,564,673	215,114	91	28	24,839,755	3	1	7

(a) There is no information as to the materials used or quantities produced by brewers who brewed beer not for sale and who are not liable for beer duty.
 (b) Quantities converted into cwt. at 336 lbs. = 1 quarter.
 (c) There is no information as to actual quantities produced.
 (d) Spent beer which is subsequently relieved from duty is included.

TABLE 33.—Imported Beer: Quantities retained for Consumption and Net Receipts

		Quantities						Net Receipts
		Net entered for Consumption		On which Drawback was paid		Retained for Consumption		
		Bulk Barrels	Standard Barrels	Bulk Barrels	Standard Barrels	Bulk Barrels	Standard Barrels	
Full:								
1948-49	...	19,056	12,605	2,381	2,212	16,675	10,393	208,558
1949-50	...	18,272	11,929	3,705	3,541	14,567	8,388	152,108
1950-51	...	22,391	14,982	3,495	3,408	18,896	11,574	189,801
1951-52	...	31,115	21,577	4,933	4,724	26,182	16,853	278,153
1952-53	...	42,754	28,708	6,083	5,790	36,671	22,918	377,061
1953-54	...	47,723	31,795	5,113	4,814	42,610	26,981	444,495
1954-55	...	61,403	40,610	7,245	7,093	54,158	33,517	550,827
1955-56	...	105,522	68,355	6,639	6,035	98,883	62,320	1,026,059
1956-57	...	126,372	81,818	8,635	7,806	117,737	74,012	1,218,271
1957-58	...	179,916	114,472	8,591	7,407	171,325	107,065	1,761,157
Preferential:								
1948-49	...	908,911	739,954	50,038	60,257	858,873	679,697	12,431,185
1949-50	...	1,053,907	856,477	49,871	59,670	1,004,036	796,807	13,529,377
1950-51	...	1,009,366	873,346	46,782	58,567	962,584	814,779	12,858,038
1951-52	...	994,170	864,993	59,070	74,044	935,100	790,949	12,442,851
1952-53	...	988,846	848,037	57,923	71,627	930,923	776,410	12,185,178
1953-54	...	1,029,168	882,197	52,796	66,433	976,372	815,764	12,806,369
1954-55	...	1,049,097	903,726	59,496	75,435	989,601	828,291	13,006,771
1955-56	...	1,115,778	964,519	67,475	85,868	1,048,303	878,651	13,800,741
1956-57	...	1,173,364	997,539	67,198	85,463	1,106,166	912,076	14,287,911
1957-58	...	1,107,301	944,399	74,399	94,499	1,032,902	849,900	13,301,011
Total:								
1948-49	...	927,967	752,559	52,419	62,469	875,548	690,090	12,639,741
1949-50	...	1,072,179	868,406	53,576	63,211	1,018,603	805,195	13,681,488
1950-51	...	1,031,757	888,328	50,277	61,975	981,480	826,353	13,047,833
1951-52	...	1,025,285	886,570	64,003	78,768	961,282	807,802	12,721,000
1952-53	...	1,031,600	876,745	64,006	77,417	967,594	799,328	12,562,221
1953-54	...	1,076,891	913,992	57,909	71,247	1,018,982	842,745	13,250,841
1954-55	...	1,110,500	944,336	66,741	82,528	1,043,759	861,808	13,557,661
1955-56	...	1,221,300	1,032,874	74,114	91,903	1,147,186	940,971	14,826,881
1956-57	...	1,299,736	1,079,357	75,833	93,269	1,223,903	986,088	15,506,181
1957-58	...	1,287,217	1,058,871	82,990	101,906	1,204,227	956,965	15,062,181

DIAGRAM 4.—Beer: Quantities retained for consumption and net receipts of duty 137



WINE

For Revenue purposes wine is classified as either light or heavy according to its proof spirit content, the dividing line being 27 per cent. proof spirit content for Commonwealth wine and 25 per cent. for other wine. Corresponding to this division there are two basic rates of duty, a lower rate for light wine and a higher rate for heavy wine.

The basic rates, applicable to still wine imported otherwise than in bottle, are set out in Table 34 below. Higher duties are charged on still wine imported in bottle, and on sparkling wine. Additional duties are charged on any heavy wine of a proof spirit content exceeding 42 per cent. Wine from Commonwealth countries is admitted at preferential rates of duty.

TABLE 34.—Wine: Rates of Duty, Quantities retained for Consumption and Net Receipts

	Basic duty per gallon		Net Quantities retained for Consumption	Net Receipts
	Lower rate	Higher rate		
	s. d.	s. d.	Gallons	£
1948-49	{ 22 0 25 0 (7th April, 1948)	{ 44 0 50 0 (7th April, 1949)	7,496,455	15,689,992
1949-50			8,092,278	16,088,442
1950-51	13 0	50 0	9,682,914	18,093,636
1951-52	13 0	50 0	9,830,615	17,519,794
1952-53	13 0	50 0	9,190,661	16,171,483
1953-54	13 0	50 0	10,083,955	17,658,043
1954-55	13 0	50 0	11,782,751	19,589,577
1955-56	13 0	50 0	12,672,440	20,622,696
1956-57	13 0	50 0	13,657,691	21,335,608
1957-58	13 0	50 0	14,510,287	21,620,346

DIAGRAM 5.—Wine: Quantities retained for consumption and net receipts of duty 139

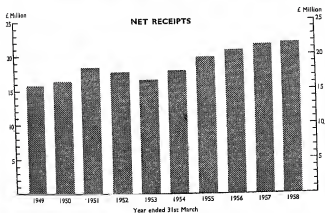
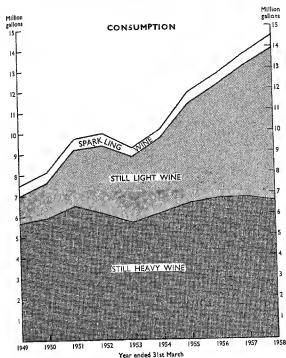


TABLE 35.—Wine: Quantities retained for Consumption and Net Receipts

	Still wine imported otherwise than in bottle		Still wine imported in bottle		Sparkling wine	Total
	Light(a)	Heavy(a)	Light(a)	Heavy(a)		
Quantities	Gallons					
1948-49 ...	984,899	5,334,773	296,714	383,404	496,665	7,496,455
1949-50 ...	1,459,193	5,525,476	218,193	413,337	476,079	8,092,278
1950-51 ...	2,449,260	6,129,766	234,997	309,146	559,745	9,682,914
1951-52 ...	3,011,840	5,823,298	221,758	254,606	519,113	9,830,615
1952-53 ...	2,989,524	5,406,269	168,223	232,859	393,786	9,190,661
1953-54 ...	3,372,448	5,872,384	183,404	228,817	426,902	10,083,955
1954-55 ...	4,583,843	6,290,848	202,748	240,500	464,812	11,782,751
1955-56 ...	5,195,009	6,544,011	208,688	224,800	499,932	12,672,440
1956-57 ...	6,111,268	6,724,426	233,957	69,761	518,279	13,657,691
1957-58 ...	7,114,389	6,571,119	205,150	39,884	(b) 579,745	14,510,287
Receipts(c)	£					
1948-49 ...	1,197,618	12,166,901	406,047	1,003,233	933,317	15,707,116
1949-50 ...	906,914	12,920,704	299,040	1,083,385	892,694	16,102,737
1950-51 ...	1,526,088	14,400,912	321,979	809,736	1,049,309	18,108,024
1951-52 ...	1,904,190	13,692,198	304,137	667,608	973,031	17,541,164
1952-53 ...	1,882,579	12,720,040	230,972	610,856	738,228	16,182,675
1953-54 ...	2,123,543	13,899,238	251,920	600,424	800,357	17,675,482
1954-55 ...	2,895,687	14,933,407	278,558	630,816	871,447	19,609,915
1955-56 ...	3,274,750	15,556,148	286,816	589,432	937,341	20,644,487
1956-57 ...	3,861,915	16,020,259	321,418	182,268	971,735	21,357,595
1957-58 ...	4,485,390	15,691,051	281,898	102,632	1,086,932	21,647,903

(a) See page 72.

(b) Includes 486,196 gallons of champagne.

(c) The difference between the Total Net Receipts figures in this Table and in Table 34 represents the difference between amounts collected in, and allocated to, the Isle of Man.

TABLE 36.—Foreign Wine: Quantities retained for Consumption and Net Receipts

	Still wine imported otherwise than in bottle		Still wine imported in bottle		Sparkling wine	Total
	Light(a)	Heavy(a)	Light(a)	Heavy(a)		
Quantities	Gallons					
1948-49 ...	708,644	3,032,405	287,413	378,140	487,355	4,893,957
1949-50 ...	1,036,290	3,735,913	211,688	410,407	476,256	5,870,554
1950-51 ...	1,790,023	4,279,417	227,406	305,962	557,354	7,160,162
1951-52 ...	2,477,236	4,086,858	216,472	253,338	515,800	7,549,704
1952-53 ...	2,383,410	3,811,267	166,204	232,172	392,245	6,985,298
1953-54 ...	2,686,508	4,304,328	181,897	228,470	425,910	7,827,113
1954-55 ...	3,745,921	4,698,668	201,401	239,653	463,959	9,349,602
1955-56 ...	4,174,856	4,932,302	207,844	223,629	499,275	10,037,906
1956-57 ...	5,007,614	5,137,870	232,346	68,241	517,269	10,963,340
1957-58 ...	5,724,688	5,093,650	203,886	36,153	(b) 578,806	11,637,183
Receipts	£					
1948-49 ...	880,470	7,560,645	394,665	992,297	916,787	10,744,864
1949-50 ...	674,272	9,340,891	291,074	1,077,311	893,005	12,276,553
1950-51 ...	1,163,520	10,699,352	312,683	803,132	1,045,066	14,023,753
1951-52 ...	1,610,158	10,218,479	297,664	664,975	967,145	13,758,421
1952-53 ...	1,549,217	9,529,295	228,497	609,433	735,493	12,651,935
1953-54 ...	1,746,276	10,762,164	250,071	599,710	798,597	14,156,818
1954-55 ...	2,434,831	11,748,065	276,910	629,066	869,935	15,958,807
1955-56 ...	2,713,666	12,331,845	285,778	587,006	936,173	16,854,468
1956-57 ...	3,254,895	12,845,634	319,441	179,110	969,942	17,569,022
1957-58 ...	3,721,050	12,735,414	280,356	94,889	1,085,263	17,916,972

(a) See page 72.

(b) Includes 486,196 gallons of champagne.

TABLE 37.—Wine from Commonwealth Sources: Quantities retained for Consumption and Net Receipts

	Still wine imported otherwise than in bottle		Still wine imported in bottle		Sparkling wine	Total
	Light(a)	Heavy(a)	Light(a)	Heavy(a)		
<i>Quantities</i>						
1948-49 ...	276,255	2,302,368	9,301	5,264	9,310	2,602,498
1949-50 ...	422,903	1,789,563	6,505	2,930	(b)— 177	2,221,734
1950-51 ...	659,237	1,850,349	7,591	3,184	2,391	2,522,752
1951-52 ...	534,604	1,736,440	5,286	1,268	3,313	2,280,911
1952-53 ...	606,114	1,595,002	2,019	687	1,541	2,205,360
1953-54 ...	685,940	1,568,056	1,507	347	992	2,256,842
1954-55 ...	837,922	1,592,180	1,347	847	853	2,433,160
1955-56 ...	1,020,153	1,611,709	844	1,171	657	2,634,534
1956-57 ...	1,103,654	1,586,556	1,611	1,520	1,010	2,694,551
1957-58 ...	1,389,701	1,477,469	1,264	3,731	939	2,873,104
<i>Receipts</i>						
1948-49 ...	317,148	4,606,256	11,382	10,936	16,530	4,962,252
1949-50 ...	232,642	3,579,813	7,966	6,074	(b)— 311	3,826,184
1950-51 ...	362,568	3,701,560	9,296	6,604	4,243	4,084,271
1951-52 ...	294,032	3,473,719	6,473	2,633	5,886	3,782,743
1952-53 ...	333,362	3,190,745	2,475	1,423	2,735	3,530,740
1953-54 ...	377,267	3,137,074	1,849	714	1,760	3,518,664
1954-55 ...	460,856	3,185,342	1,648	1,750	1,512	3,651,108
1955-56 ...	561,084	3,224,303	1,038	2,426	1,168	3,750,013
1956-57 ...	607,020	3,174,625	1,977	3,158	1,793	3,788,573
1957-58 ...	764,340	2,955,637	1,542	7,743	1,669	3,730,931

(a) See page 72.

(b) Excess of repayments.

TABLE 38.—Wine: Countries whence consigned and Quantities therefrom retained for Consumption

Gallons

	Germany					France				
	1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	237,475	325,600	361,910	419,223	450,340	1,564,056	2,314,500	2,499,996	2,968,797	3,321,492
Not in Bottle, Heavy ...	—	—	—	—	103	81,695	96,384	103,352	177,896	204,763
In Bottle, Still, Light ...	29,436	37,196	38,476	38,216	37,213	103,104	111,425	112,418	130,936	102,831
In Bottle, Still, Heavy ...	37	70	7	37	16	211,048	214,616	194,148	41,545	7,738
In Bottle, Sparkling ...	11,183	12,488	13,361	14,908	15,896	404,717	440,440	469,334	479,969	528,572
Total ...	278,131	375,354	413,754	472,384	503,568	2,364,620	3,177,365	3,379,248	3,799,143	4,165,396
Total Duty received ...	£215,889	£286,380	£313,220	£353,062	£374,006	£2,675,512	£3,287,817	£3,427,591	£3,563,486	£3,823,658
	Portugal					Madeira				
	1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	58,636	59,176	64,346	88,724	105,922	—	—	—	—	—
Not in Bottle, Heavy ...	1,615,801	1,614,518	1,626,041	1,550,552	1,423,471	22,440	27,836	25,850	29,093	29,244
In Bottle, Still, Light ...	141	1,543	696	2,487	5,346	67	—	11	—	—
In Bottle, Still, Heavy ...	8,359	11,312	15,595	14,843	13,973	1,713	1,630	2,497	1,985	1,985
In Bottle, Sparkling ...	86	102	90	113	320	—	—	—	—	—
Total ...	1,683,023	1,686,651	1,706,768	1,656,719	1,549,032	24,220	29,466	28,358	31,078	31,229
Total Duty received ...	£4,101,229	£4,108,035	£4,150,067	£3,977,582	£3,673,268	£60,689	£73,867	£71,192	£77,941	£78,316

continued on next page

TABLE 38.—Wine: Countries whence consigned, etc.—continued

Gallons

		Spain (Red Wine)					Spain (White Wine)				
		1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	...	292,122	356,045	411,641	472,992	574,066	67,855	131,911	205,373	312,333	463,656
Not in Bottle, Heavy ...	...	19,088	20,693	23,444	22,623	26,275	2,342,848	2,672,183	2,854,487	3,019,099	3,078,070
In Bottle, Still, Light ...	...	1,087	955	698	1,054	628	1,191	135	385	434	478
In Bottle, Still, Heavy ...	...	82	235	110	262	337	3,825	7,900	6,876	5,263	5,704
In Bottle, Sparkling ...	...	—	—	568	1,386	5,060	43	134	—	—	—
Total ...	...	312,379	377,928	436,461	498,317	606,366	2,415,762	2,812,263	3,067,121	3,337,129	3,547,908
Total Duty received ...	...	£239,248	£285,137	£328,483	£368,730	£450,057	£5,913,004	£6,787,381	£7,288,298	£7,765,157	£8,012,342
		Italy					Other Foreign Countries				
		1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	...	375,376	462,411	517,526	601,623	616,254	90,459	94,457	112,729	141,986	191,707
Not in Bottle, Heavy ...	...	209,479	236,099	289,657	329,900	323,029	9,915	7,602	6,584	4,815	5,936
In Bottle, Still, Light ...	...	41,740	45,746	49,448	51,637	52,141	4,962	4,316	5,620	7,481	5,165
In Bottle, Still, Heavy ...	...	2,655	3,206	3,155	3,028	4,190	516	479	957	1,066	2,060
In Bottle, Sparkling ...	...	8,856	10,195	15,105	20,026	25,866	848	437	491	686	2,934
Total ...	...	638,106	777,657	874,891	1,006,214	1,021,480	106,700	107,291	126,381	156,034	207,802
Total Duty received ...	...	£848,659	£1,031,242	£1,165,123	£1,332,305	£1,339,332	£93,356	£88,413	£100,924	£118,728	£157,479

continued on next page

TABLE 38.—Wine: Countries whence consigned, etc.—concluded

Gallons

	Union of South Africa					Australia				
	1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	103,340	107,325	100,788	96,980	125,675	480,527	559,686	692,549	686,627	865,633
Not in Bottle, Heavy ...	1,179,491	1,235,689	1,222,304	1,228,768	1,130,626	298,362	265,251	281,505	268,821	282,282
In Bottle, Still, Light ...	464	704	199	424	572	473	510	567	938	530
In Bottle, Still, Heavy ...	32	35	36	94	1,422	246	795	1,175	1,406	2,245
In Bottle, Sparkling ...	585	272	288	432	376	415	589	382	582	477
Total ...	1,283,912	1,344,025	1,323,615	1,326,698	1,258,671	780,023	826,831	976,178	958,374	1,151,167
Total Duty received ...	£2,417,799	£2,531,740	£2,501,043	£2,512,512	£2,334,706	£863,789	£842,583	£948,484	£921,211	£1,047,504
Other Commonwealth Countries and the Republic of Ireland										
	1953-54	1954-55	1955-56	1956-57	1957-58	1953-54	1954-55	1955-56	1956-57	1957-58
Not in Bottle, Light ...	...	102,602	...	172,732	228,151	...	...	321,983	399,644	...
Not in Bottle, Heavy ...	...	93,265	...	94,593	110,787	...	...	92,859	67,320	...
In Bottle, Still, Light ...	...	739	...	218	170	...	...	350	246	...
In Bottle, Still, Heavy ...	...	304	...	222	244	...	...	232	214	...
In Bottle, Sparkling ...	...	169	...	155	313	...	...	177	244	...
Total ...	...	197,079	...	267,920	339,665	...	...	415,601	467,668	...
Total Duty received ...	...	£246,308	...	£287,320	£350,062	...	...	£366,881	£357,235	...

TABLE 39.—Wine: Approximate Quantities at each degree of strength imported otherwise than in bottle, Calendar Year 1957

Gallons

Countries whence consigned	Not exceeding 18 degrees	Exceeding 18/Not exceeding 19 degrees	Exceeding 19/Not exceeding 20 degrees	Exceeding 20/Not exceeding 21 degrees	Exceeding 21/Not exceeding 22 degrees	Exceeding 22/Not exceeding 23 degrees
Spain: Red	1,234	1,479	13,318	61,150	86,100	45,728
White	—	849	8,268	219,442	71,227	65,412
Portugal	—	1,504	5,645	14,159	26,999	30,379
Madeira	—	—	—	—	70	—
France	81,308	209,398	428,474	661,562	645,583	587,893
Germany	135,162	141,532	119,482	46,358	9,786	3,719
Italy	11,321	5,728	16,927	40,509	27,407	19,491
Other Foreign Countries ...	3,459	4,018	5,932	12,354	41,013	63,081
Union of South Africa ...	2,348	3,839	4,125	27,985	18,666	14,413
Australia	—	137	2,397	6,715	2,802	13,030
Other Commonwealth Countries	28	42	230	2,172	6,023	7,135
TOTAL	234,860	368,526	604,798	1,092,406	935,676	850,281

Countries whence consigned	Exceeding 23/Not exceeding 24 degrees	Exceeding 24/Not exceeding 25 degrees	Exceeding 25/Not exceeding 26 degrees	Exceeding 26/Not exceeding 27 degrees	Exceeding 27/Not exceeding 28 degrees	Exceeding 28/Not exceeding 29 degrees
Spain: Red	136,812	189,613	520	39	—	—
White	46,357	20,219	52	9	1,033	13,689
Portugal	21,384	17,456	7	—	21	117
Madeira	—	—	—	—	—	—
France	605,851	510,834	2,970	—	—	—
Germany	5,202	4,578	150	—	—	—
Italy	446,335	58,068	721	413	32	260
Other Foreign Countries ...	42,238	19,828	—	—	—	130
Union of South Africa ...	13,755	4,769	9,316	21,603	—	802
Australia	100,417	98,185	304,454	296,434	253	—
Other Commonwealth Countries	2,155	12,122	131,258	261,536	3,317	70
TOTAL	1,420,506	935,672	449,448	580,034	4,656	15,068

continued on next page

TABLE 39.—Wine: Approximate Quantities at each degree of strength, etc. 147
—continued

Countries whence consigned	Gallons					
	Exceeding 29/Not exceeding 30 degrees	Exceeding 30/Not exceeding 31 degrees	Exceeding 31/Not exceeding 32 degrees	Exceeding 32/Not exceeding 33 degrees	Exceeding 33/Not exceeding 34 degrees	Exceeding 34/Not exceeding 35 degrees
Spain: Red	75	171	—	167	322	—
White	50,310	36,868	55,398	274,812	453,806	952,084
Portugal	—	—	117	5,252	55,035	507,528
Madeira	—	—	1,486	7,804	11,642	9,224
France	283	392	374	299	223	—
Germany	—	—	—	—	—	—
Italy	87	118	79	—	1,220	1,591
Other Foreign Countries ...	222	314	32	1,574	194	—
Union of South Africa ...	4,852	16,022	57,082	114,884	338,952	278,469
Australia	—	1,248	2,073	6,465	10,177	18,963
Other Commonwealth Countries	406	298	609	86	579	2,313
TOTAL	56,235	55,431	117,250	411,343	872,150	1,770,172

Countries whence consigned	Gallons					
	Exceeding 35/Not exceeding 36 degrees	Exceeding 36/Not exceeding 37 degrees	Exceeding 37/Not exceeding 38 degrees	Exceeding 38/Not exceeding 39 degrees	Exceeding 39/Not exceeding 40 degrees	Exceeding 40/Not exceeding 41 degrees
Spain: Red	—	2,156	1,209	1,911	5,410	14,306
White	1,126,498	618,777	77,405	19,950	38,647	40,912
Portugal	655,377	242,699	97,092	101,596	46,306	18,742
Madeira	705	703	1,728	—	—	90
France	—	487	4,946	2,017	22,705	139,852
Germany	—	—	—	—	—	—
Italy	3,914	837	3,533	73,896	107,588	107,969
Other Foreign Countries ...	249	—	—	748	—	174
Union of South Africa ...	87,433	30,085	21,728	119,935	128,977	18,596
Australia	67,584	29,998	—	6,851	98,908	85,269
Other Commonwealth Countries	250	1,826	1,429	1,363	7,747	23,623
TOTAL	1,942,010	927,568	209,070	328,267	456,288	449,533

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TABLE 39.—Wine: Approximate Quantities at each degree of strength, etc.
—concluded

Countries whence consigned	Ex. 41/Not ex. 42 degrees	Exceeding 42 degrees	Untested	Gallons Total
Spain: Red	7	—	—	561,727
White	5,915	438	—	4,198,377
Portugal	666	—	—	1,848,081
Madeira	—	—	—	33,452
France	56,189	—	—	3,961,640
Germany	—	—	—	465,969
Italy	31,365	—	—	959,409
Other Foreign Countries	84	—	—	195,644
Union of South Africa ...	440	—	—	1,339,076
Australia	44,289	—	—	1,196,649
Other Commonwealth Countries	31,418	—	—	498,035
TOTAL	170,373	438	—	15,258,059

Summary

Countries whence consigned	Light (a)	Heavy (a)	Untested	Total
Spain: Red	535,434	26,293	—	561,727
White	431,774	3,766,603	—	4,198,377
Portugal	117,526	1,730,555	—	1,848,081
Madeira	70	33,382	—	33,452
France	3,730,903	230,737	—	3,961,640
Germany	465,819	150	—	465,969
Italy	625,786	333,623	—	959,409
Other Foreign Countries	191,923	3,721	—	195,644
Union of South Africa ...	120,819	1,218,257	—	1,339,076
Australia	824,571	372,078	—	1,196,649
Other Commonwealth Countries	422,701	75,334	—	498,035
TOTAL	7,467,326	7,790,733	—	15,258,059

Wine Imported in Bottle ... 883,531

Total Wine Imported ... 16,141,590

(a) See note on page 72.

TABLE 40.—British Wine (Sweets): Quantities charged with duty and duty-paid and Net Receipts

TABLE 40.—Continued (cont.)

	Rates of Duty per Gallon (a)						Quantity charged with Duty	Net Quantity Duty-paid					Net Receipts
	Still			Sparkling				Still	Sparkling		Total		
	Lower	Higher	s. d.	Lower	Higher	s. d.			At lower rate	At higher rate			
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	Gallons	Gallons		Gallons	£		
1948-49 ...	{ 19 6 22 6 (7th April, 1948)	{ 24 6 30 6 (7th April, 1948)	{ 35 0 28 6 (7th April, 1948)	{ 40 0 36 6 (7th April, 1948)	{ 40 0 36 6 (7th April, 1948)	{ 40 0 36 6 (7th April, 1948)	2,714,320	1,427,657	1,406,139	127,354	2,961,150	3,836,526	
1949-50 ...	{ 10 6 (7th April, 1949)	{ 30 6 (7th April, 1949)	{ 28 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	3,807,948	2,763,663	760,423	138,039	3,662,125	2,814,462	
1950-51 ...	{ 10 6 (7th April, 1949)	{ 30 6 (7th April, 1949)	{ 28 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	{ 36 6 (7th April, 1949)	4,824,595	3,563,642	750,972	135,867	4,450,481	3,209,740	
1951-52 ...	10 6	30 6	28 6	36 6	36 6	36 6	4,391,724	3,805,400	727,016	139,943	4,672,359	3,305,506	
1952-53 ...	10 6	30 6	28 6	36 6	36 6	36 6	4,369,477	3,762,418	513,496	135,149	4,411,063	2,950,940	
1953-54 ...	10 6	30 6	28 6	36 6	36 6	36 6	4,483,790	3,891,014	496,353	149,565	4,536,932	3,012,851	
1954-55 ...	10 6	30 6	28 6	36 6	36 6	36 6	5,130,318	4,430,536	475,015	169,623	5,075,174	3,292,141	
1955-56 ...	10 6	30 6	28 6	36 6	36 6	36 6	5,500,706	4,854,375	484,991	149,794	5,489,160	3,501,613	
1956-57 ...	10 6	30 6	28 6	36 6	36 6	36 6	5,749,968	5,180,455	435,204	133,896	5,749,555	3,574,225	
1957-58 ...	10 6	30 6	28 6	36 6	36 6	36 6	5,520,867	5,010,350	312,804	115,037	5,438,191	3,271,386	

(a) The lower rates of duty are charged on wine not exceeding 27° and the higher rates on wine exceeding 27°.

TOBACCO

Duty.—The basic rate is the full (non-preferential) Customs duty on unstripped leaf tobacco containing not less than 10 per cent. of moisture; similar tobacco of Commonwealth origin is admitted at a preferential rate of 1*s.* 6½*d.* a lb. below the full rate. There are corresponding full and preferential rates on stripped tobacco and on tobacco containing less than 10 per cent. of moisture, and there are higher rates on the various kinds of imported manufactured tobacco.

Excise Duty on stocks.—There was an Excise duty of 3*s.* 4*d.* a lb. on stocks of tobacco held by manufacturers at 5 p.m. on 6th April, 1948.

Pensioners' duty relief.—Between 13th October, 1947, and 27th January, 1958, National Insurance retirement pensioners and non-contributory old age pensioners received a measure of relief from tobacco duty. The value of this relief was 2*s.* 0*d.* a week until 12th September, 1948, and 2*s.* 4*d.* a week thereafter.

Licences.—To facilitate the revenue control of tobacco, manufacturers and dealers are required to possess an annual licence. The numbers of such licences issued in 1957–58, and other statistical information, are given on page 183 *et seq.*

TABLE 41.—Tobacco: Rates of Duty, Quantities retained for Consumption and Net Receipts

	Basic duty per lb.(a)		Quantities retained for Consumption (Total Customs and Excise)	Total Net Receipts
	<i>s. d.</i>		lb.	£
1948-49	{ 54 10 58 2 (7th April, 1948) }		212,333,943	(b) 604,248,394
1949-50			213,193,612	(b) 600,942,821
1950-51	58 2		214,880,760	(b) 604,259,980
1951-52	58 2		218,814,527	613,473,114
1952-53	58 2		220,106,343	616,759,656
1953-54	58 2		224,222,731	627,043,050
1954-55	58 2		232,430,925	649,880,121
1955-56	58 2		239,264,486	668,525,983
1956-57	{ 61 2 (18th April, 1956) }		238,950,487	701,829,052
1957-58			241,875,436	712,504,350

(a) Full rate of duty on imported unmanufactured unstripped tobacco containing 10 per cent. or more of moisture, which governs the other duties.

(b) Includes Excise duty on Tobacco Stocks (see Table 42).

TABLE 42.—Tobacco: Quantities retained for Consumption and Net Receipts

	Customs (Imported including Cavendish manufactured in Bond)					Excise (Grown in U.K.)		Excise duty on Tobacco Stocks	
	Quantities retained for Consumption			Net Receipts		Quantities retained for Consump- tion	Net Receipts		
	Full	Preferential	Total	lb.	£				Deduct O.A.P. Tobacco Duty Relief
						£			
1948-49	148,465,669	63,868,170	212,333,839	610,107,834	8,694,001	601,413,833	104	294	2,834,267
1949-50	138,962,126	74,231,482	213,193,608	610,981,149	10,292,766	600,688,383	4	12	254,426
1950-51	130,173,402	84,707,202	214,880,604	615,345,537	11,085,988	604,259,549	156	441	(a) —10
1951-52	126,890,068	91,923,722	218,813,790	625,486,562	12,015,529	613,471,033	737	2,081	—
1952-53	121,616,732	98,489,414	220,106,146	629,625,344	12,866,246	616,759,098	197	558	—
1953-54	118,191,549	106,031,118	224,222,667	640,802,175	13,759,306	627,042,869	64	181	—
1954-55	122,500,983	109,929,893	232,430,876	664,476,224	14,596,241	649,879,983	49	138	—
1955-56	125,686,578	113,577,860	239,264,438	683,938,186	15,412,339	668,525,847	48	136	—
1956-57	122,781,601	116,168,852	238,950,453	718,093,261	16,264,310	701,828,951	34	101	—
1957-58	121,425,119	120,450,316	241,875,435	727,471,651	14,967,303	712,504,348	1	2	—

(a) Arrivals of re-exports.

DIAGRAM 6.—Imported Tobacco: Quantities retained for consumption and net receipts of duty

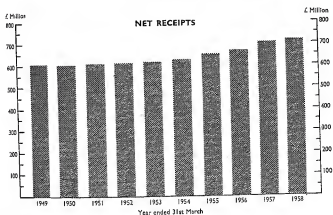
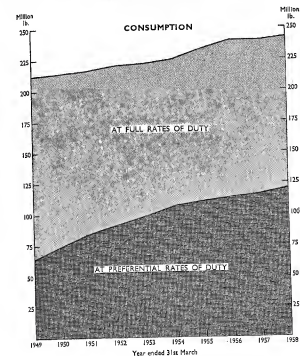


TABLE 43.—Imported Unmanufactured Tobacco: Quantities retained for Consumption and Net Receipts

	Quantities					Gross Receipts, less Repayments and amount paid to Isle of Man	Drawbacks	Net Receipts		
	Entered for Consumption (net)			Drawbacks	Retained for Consumption					
	Leaf (a)	Strip	Total							
lb.						£				
1948-49	228,391,481	43,372,103	271,763,584	59,857,244	211,906,340	783,389,726	174,615,432	608,774,294
1949-50	223,136,227	49,828,552	272,964,779	60,174,382	212,790,397	786,544,592	176,831,367	609,713,225
1950-51	221,604,806	49,379,861	270,984,667	56,548,679	214,435,988	779,966,772	166,022,087	613,944,685
1951-52	239,732,413	49,385,817	289,118,230	70,802,888	218,315,342	831,806,598	207,883,031	623,923,567
1952-53	232,850,901	43,908,728	276,759,629	57,163,074	219,596,555	795,829,652	167,803,764	628,025,888
1953-54	237,966,530	45,113,976	283,080,506	59,370,032	223,710,474	813,374,175	174,174,346	639,199,829
1954-55	244,548,995	45,511,946	290,060,941	58,211,626	231,849,315	833,398,111	170,749,994	662,648,117
1955-56	249,089,533	52,304,531	301,394,064	62,765,129	238,628,935	865,887,258	183,947,512	681,939,746
1956-57	241,382,314	61,493,362	302,875,676	64,612,091	238,263,585	913,418,894	197,588,083	715,830,811
1957-58	233,403,934	70,474,927	303,878,861	62,749,908	241,128,953	918,097,262	193,091,611	725,005,651

(a) Includes tobacco stalks apart from the leaf, of which the quantity entered for consumption in 1957-58 was 27,967 lb.

TABLE 44.—Imported Manufactured Tobacco and Cavendish made in Bond: Quantities retained for Consumption and Net Receipts

	Imported Manufactured					Cavendish made in Bond	Total
	Cigars	Cigarettes	Cavendish	Snuff	Other Sorts		
<i>Quantities</i>	lb.						
1948-49	153,757	52,316	36,525	114	29,190	271,902	427,499
1949-50	180,995	35,899	28,414	18	11,499	256,825	403,211
1950-51	216,518	31,642	27,461	(a)	6,762	282,380	444,616
1951-52	190,934	60,712	34,786	10	4,494	290,936	498,448
1952-53	191,588	46,936	29,447	23	3,173	271,167	509,591
1953-54	173,939	46,245	28,282	40	2,987	251,493	512,193
1954-55	224,552	45,193	29,676	40	2,981	302,442	581,561
1955-56	239,999	53,570	29,922	40	3,005	326,536	635,503
1956-57	252,460	77,069	31,340	70	2,886	363,825	686,868
1957-58	265,362	91,040	24,619	137	7,758	388,916	746,482
<i>Receipts</i>	£						
1948-49	501,140	164,969	112,197	363	85,867	864,536	1,333,540
1949-50	590,548	114,217	87,230	55	34,305	826,355	1,267,924
1950-51	706,314	100,701	84,358	(a)	20,247	911,610	1,400,852
1951-52	624,003	193,204	107,540	29	13,467	938,243	1,562,995
1952-53	631,865	149,395	90,609	75	9,609	881,553	1,599,456
1953-54	573,930	147,206	86,984	125	9,039	817,284	1,602,346
1954-55	743,335	143,846	91,262	126	9,039	987,608	1,828,107
1955-56	796,325	170,428	92,122	122	9,096	1,068,093	1,998,440
1956-57	877,535	255,643	101,252	226	9,049	1,243,705	2,262,450
1957-58	928,152	302,953	79,683	443	24,756	1,335,987	2,466,000

(a) Bases of repayments.

TABLE 45.—Tobacco from Commonwealth Sources: Quantities retained for Consumption and Net Receipts

	Unmanu- factured	Manufactured					Total		
		Cigars	Cigarettes	Cavendish	Other Sorts and Snuff	Cavendish made in Bond		Total	
Quantities		lb.							
1948-49	...	63,683,451	117,968	1,803	19,602	18,193	27,153	184,719	63,868,170
1949-50	...	74,031,604	153,012	383	15,998	5,196	25,289	199,878	74,231,482
1950-51	...	84,475,019	184,071	117	15,039	3,570	29,386	232,183	84,707,202
1951-52	...	91,705,487	154,559	408	12,956	2,266	48,046	218,235	91,923,722
1952-53	...	98,303,473	116,255	144	14,695	548	54,299	185,941	98,489,414
1953-54	...	105,853,637	103,762	34	14,595	593	58,497	177,481	106,031,118
1954-55	...	109,733,512	117,642	79	15,233	514	62,913	196,381	109,929,893
1955-56	...	113,378,722	113,064	939	14,517	589	70,029	199,138	113,577,860
1956-57	...	115,963,536	113,735	5,185	12,559	736	73,101	205,316	116,168,852
1957-58	...	120,249,388	101,579	4,511	10,239	413	84,186	200,928	120,450,316
Receipts		£							
1948-49	...	179,875,083	380,496	5,544	59,215	53,619	79,656	578,530	180,453,613
1949-50	...	209,006,815	495,763	1,173	48,326	15,299	74,238	634,799	209,641,614
1950-51	...	238,535,434	596,401	366	45,432	10,532	86,259	738,990	239,274,424
1951-52	...	258,807,524	500,783	1,239	39,134	6,682	141,034	688,872	259,496,396
1952-53	...	277,741,187	376,683	437	44,386	1,615	159,389	582,510	278,323,697
1953-54	...	298,977,339	336,197	102	44,091	1,753	171,716	553,859	299,531,198
1954-55	...	309,997,568	381,185	245	46,007	1,513	184,675	613,625	310,611,193
1955-56	...	320,279,369	366,336	2,879	43,852	1,736	205,568	620,371	320,899,740
1956-57	...	344,426,380	386,414	16,630	39,737	2,268	225,004	670,053	345,096,433
1957-58	...	357,733,943	346,050	14,305	32,467	1,281	259,749	654,052	358,387,995

TABLE 46.—Foreign Tobacco: Quantities retained for Consumption and Net Receipts

	Manufactured						Total
	Unmanu- factured	lb.					
		Cigars	Cigarettes	Cavendish	Other Sorts and Snuff	Cavendish made in Bond		Total
<i>Quantities</i>							
948-49	148,222,889	35,789	50,513	16,923	11,111	128,444	242,780
949-50	138,758,793	27,983	35,516	12,416	6,321	121,097	203,333
950-51	129,960,969	32,447	31,525	12,422	3,189	132,850	212,433
951-52	126,609,855	36,375	60,304	21,830	2,238	159,466	280,213
952-53	121,293,082	75,333	46,792	14,752	2,648	184,125	323,650
953-54	117,856,837	70,177	46,211	13,687	2,434	202,203	334,712
954-55	122,115,803	106,910	45,114	14,443	2,507	216,206	385,180
955-56	125,250,213	126,935	52,631	15,405	2,456	238,938	436,365
956-57	122,300,049	138,725	71,884	18,781	2,220	249,942	481,552
957-58	120,879,565	163,783	86,529	14,380	7,482	273,380	545,554
							148,465,669
							138,962,126
							130,173,402
							126,890,068
							121,616,732
							118,191,549
							122,500,983
							125,686,578
							122,781,601
							121,425,119
<i>Receipts</i>							
							£
1948-49	428,899,211	120,644	159,425	52,982	32,611	389,348	755,010
1949-50	400,706,410	94,785	113,044	38,904	19,061	367,331	633,125
1950-51	375,409,251	109,913	100,335	38,926	9,705	402,983	661,862
1951-52	365,116,043	123,220	191,965	68,406	6,814	483,718	874,123
1952-53	350,284,701	255,182	148,958	46,223	8,069	558,514	1,016,946
1953-54	340,222,490	237,733	147,104	42,893	7,411	613,346	1,048,487
1954-55	352,650,549	362,150	143,601	45,255	7,652	655,824	1,214,482
1955-56	361,660,377	429,989	167,549	48,270	7,482	724,779	1,378,069
1956-57	371,404,431	491,121	239,013	61,515	7,007	793,741	1,592,397
1957-58	367,271,708	582,102	288,448	47,216	23,918	870,264	1,811,948
							429,654,221
							401,339,535
							376,071,113
							365,990,166
							351,301,647
							341,270,977
							353,865,031
							363,038,446
							372,996,828
							369,083,656

TABLE 47.—Tobacco manufactured in the United Kingdom: Quantities on which Customs Drawback was paid and Amounts of Drawback

	1955-56		1956-57		1957-58	
	Quantities (a) Tb.	Amount £	Quantities (a) Tb.	Amount £	Quantities (a) lb.	Amount £
Cigars:—						
Merchandise	24,546	75,807	24,203	76,968	24,368	79,395
Ships' stores (b)	2,746	8,474	2,891	9,219	13,120	13,120
For H.M. Forces overseas	3,303	10,812	3,412	10,978	3,722	8,005
Cigarettes:—						
Merchandise	34,691,006	102,344,880	34,929,601	107,481,006	30,541,557	94,650,443
Ships' stores (b)	3,329,285	11,619,316	4,141,617	12,712,536	3,986,446	12,356,493
For H.M. Forces overseas	4,313,984	13,307,432	4,257,186	13,094,987	3,157,858	9,767,456
Out, Roll, Cake and other Tobacco:—						
Merchandise	1,241,772	3,636,231	2,617,824	8,037,966	3,922,259	12,117,753
Ships' stores (b)	240,873	704,046	198,483	604,519	162,281	500,032
For H.M. Forces overseas	51,690	151,130	90,062	277,110	31,523	96,929
Snuff (other than Offal Snuff):—						
Merchandise	19,886	56,800	26,609	79,367	37,174	111,756
Ships' stores (b)	36	103	42	131	31	92
For H.M. Forces overseas	2	6	—	—	—	—
Total	44,729,329	131,915,047	46,292,020	142,384,787	41,871,682	120,700,474
Tobacco stalks:—						
Exported direct	791,143	2,271,215	102	306	74	227
Deposited, abandoned	1,875,141	5,365,392	814,237	2,452,546	1,628,125	4,958,084
Tobacco shorts and other tobacco refuse (including offal snuff):—						
Exported direct	2,136,799	6,190,492	2,441,573	7,337,002	2,492,548	7,572,191
Deposited, abandoned	13,252,717	38,205,326	12,673,986	38,321,689	13,387,141	40,642,296
Total	18,035,800	52,032,465	18,320,071	55,203,296	20,870,226	63,391,137
TOTAL	62,765,129	183,947,512	64,612,091	197,588,083	62,749,908	193,091,611

(a) The quantities in this table represent the weight of tobacco, adjusted to the standard of 14 per cent. moisture, on which drawback was paid during the several years.
(b) Navy and Merchant vessels and aircraft.

TABLE 48.—Tobacco: Quantities Exported (a)

lb.

Description	1953-54	1954-55	1955-56	1956-57	1957-58
As imported:—					
Unmanufactured ...	6,775,662	3,242,217	3,998,779	2,433,290	2,660,823
Manufactured ...	18,756	24,761	26,409	34,854	34,306
Total ...	6,794,418	3,266,978	4,025,188	2,468,144	2,695,129
British manufactured or produced:—					
Tobacco:—					
Cigars ...	28,683	25,502	24,649	24,537	26,258
Cigarettes ...	41,484,404	39,320,562	41,010,320	41,007,489	35,551,419
Other tobacco including Snuff and denatured shorts and smalls ...	2,168,853	2,059,920	2,133,068	3,453,385	4,761,469
Total ...	43,681,940	41,405,984	43,168,037	44,485,411	40,339,146
Unmanufactured, including shorts or smalls not denatured, and stalks ...	524,864	652,501	553,780	393,695	509,503
Total ...	44,206,804	42,058,485	43,721,817	44,879,106	40,848,649
TOTAL ...	51,001,222	45,325,463	47,747,005	47,347,250	43,543,778

(a) Excludes tobacco delivered for ships' stores (Navy and Merchant vessels and aircraft) and tobacco deposited or consigned under military control for H.M. Forces overseas. The quantities shown are the actual weights exported, including, in the case of denatured offals, the denaturants added.

HYDROCARBON OILS, POWER ALCOHOL AND PETROL SUBSTITUTES

1. *Basic of Duty.* The basic duty in this group is the Customs duty on imported hydrocarbon oils and the unit of charge is the imperial gallon.

2. *Excise Duties.* Excise duty is charged on hydrocarbon oils produced in this country from materials other than imported hydrocarbon oils, on power methylated spirits (or power alcohol) and on petrol substitutes. The Excise duty on hydrocarbon oils was first imposed on 19th April, 1950, and is chargeable at the basic rate applicable to imported oils less an amount fixed from time to time by order of the Treasury. That amount was 9d. a gallon before 14th October, 1953, when it was increased to 1s. 3d. a gallon. The Excise duty on power methylated spirits is at the basic rate for imported hydrocarbon oils, while that on petrol substitutes is at the rate for excisable light oils.

3. *Rebates on Heavy Hydrocarbon Oils.* All imported oils are nominally liable to duty at the basic rate, but heavy oils not intended for use as fuel in road vehicles are relieved from all or part of the duty by means of a rebate on delivery for home use. Until 1947 the rebate was 1d. less than the duty, the oil thus incurring an effective charge of 1d. a gallon. In that year the rebate on gas, diesel and fuel oils and kerosene (*i.e.* the bulk of heavy oils) was increased to the full amount of the duty and these oils thus became in effect free of duty. Other imported heavy oils (mainly lubricating oils) remain subject to an effective charge of 1d. a gallon.

Similar arrangements apply to excisable oils except that the rebate is equal to the whole of the duty in the case of all heavy oils not intended for use as fuel in road vehicles.

4. *Composite goods.* From 1st September, 1957, hydrocarbon oil duty in respect of most imported composite goods has been chargeable only if they contain light oil, and at a flat rate of 5 per cent. of the value of the goods instead of, as previously, at an amount calculated according to the precise quantity of oil used in their manufacture.

5. *Exemptions.* There are exemptions from duty for oil and power alcohol used in fishing boats, and in lifeboats belonging to the Royal National Lifeboat Institution and their ancillary tractors and gear. Since 1945 imported hydrocarbon oils used in approved refineries as raw material for chemical synthesis, etc., have been exempted from duty and an allowance equivalent to the Customs duty has been payable on duty-paid indigenous oils so used.

Notes on Tables

(a) The statistics of imported hydrocarbon oils in Tables 50 and 51 relate to oils produced in the United Kingdom from imported crudes, etc., as well as to those imported in the state shown in the descriptions. The statistics of home-produced hydrocarbon oils in Tables 52 and 53 relate to oils produced in the United Kingdom other than those produced from imported crudes, etc.

(b) The quantities of hydrocarbon oils included in Tables 49 to 53 are those of hydrocarbon oils subject to a net liability to duty and do not include oils which, though nominally liable to duty, are eligible for a rebate of the full amount of the duty, as explained in paragraph 3 opposite, and are therefore effectively duty-free.

(c) The references in Tables 50 and 51 to "partly rebateable oils" are to those mentioned in paragraph 3 opposite as being subject to an effective charge of 1d. a gallon.

(d) The "allowances" in Table 50 are those mentioned in paragraph 5 opposite; the amounts are shown in this Table because Section 206 of the Customs and Excise Act, 1952, provides that such allowances shall be paid out of receipts of Customs duties.

(e) Quantities of oils in composite articles cleared for home use on or after 1st September, 1957 (*see* paragraph 4 opposite) are not included in the quantity figures in Tables 49, 50 (light oils), and 51 (light oils).

TABLE 49.—Hydrocarbon Oils, Power Alcohol and Petrol Substitutes: Rates of Duty, Quantities retained for Consumption and Net Receipts

			Basic duty per gallon	Quantities retained for Consumption (Total Customs and Excise)	Total Net Receipts
			<i>s. d.</i>	Gallons	£
1948-49	...	...	9	1,647,896,730	57,289,279
1949-50	...	...	9	1,806,653,383	62,551,963
1950-51	...	...	1 6	2,169,506,681	143,535,893
1951-52	...	...	(18th April, 1950)	2,329,884,030	200,538,086
			1 10½		
			(10th April, 1951)		
			2 6		
			(11th March, 1952)		
1952-53	...	...	2 6	2,388,968,492	274,793,154
1953-54	...	...	2 6	2,534,605,374	289,896,211
1954-55	...	...	2 6	2,707,689,774	305,488,171
1955-56	...	...	2 6	2,856,062,410	322,935,771
1956-57	...	...	3 6	2,720,504,390	337,923,672
1957-58	...	...	(4th December, 1956)	2,824,275,500	321,767,920
			2 6		
			(9th April, 1957)		

TABLE 50.—Imported Hydrocarbon Oils : Quantities retained for Consumption and Net Receipts

	Light Oils		Heavy Oils				Total Net Receipts				
	Quantity retained for Consumption	Net Receipts	For use as fuel in road vehicles		Partly rebateable		Deduct net amount paid to Isle of Man (a)	Deduct allow-ances			
			Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts					
	Gallons	£	Gallons	£	Gallons	£		£			
1948-49	...	1,323,740,337	49,633,558	200,392,374	7,514,714	123,698,190	515,422	60,234	57,603,460	316,650	57,286,81
1949-50	...	1,430,066,718	53,634,209	230,149,960	8,630,624	146,357,452	609,796	62,053	62,812,576	263,585	62,548,99
1950-51	...	1,632,089,710	120,157,379	259,328,855	19,034,681	153,173,029	638,210	132,914	139,697,356	825,348	138,872,00
1951-52	...	1,791,087,417	169,192,331	283,789,103	26,868,576	159,883,369	666,210	17,000	196,710,117	1,588,138	195,121,97
1952-53	...	1,820,865,263	227,832,012	294,882,839	36,851,947	144,785,529	603,282	5,502	265,281,739	1,724,201	263,557,53
1953-54	...	1,924,400,976	240,725,150	321,863,039	40,224,318	148,924,008	620,518	2,011	281,571,997	2,311,873	279,260,12
1954-55	...	2,019,474,759	252,434,403	364,261,571	45,532,068	163,979,214	683,255	— 4,120	298,653,846	3,146,683	295,507,16
1955-56	...	2,105,648,427	263,205,440	421,069,385	52,633,673	172,549,289	718,956	— 425	316,558,494	3,420,075	313,138,41
1956-57	...	1,963,556,035	267,661,306	447,802,826	62,319,034	165,705,488	690,439	— 4,434	330,675,213	3,617,961	327,057,25
1957-58	...	2,028,119,842	254,816,656	483,287,216	60,891,285	152,202,922	634,179	— 3,381	316,345,501	4,845,421	311,500,08

(a) Difference between amounts collected in, and allocated to, the Isle of Man. The minus figures are due to excess of amounts collected in the year over amounts allocated.

DIAGRAM 7.—Imported hydrocarbon oils—light oils and heavy oils for use as fuel in road vehicles: Quantities retained for consumption and net receipts of duty.

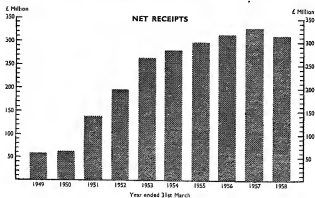
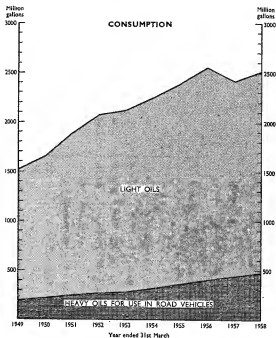


TABLE 51.—Imported Hydrocarbon Oils: Quantities of each description retained for Consumption and Net Receipts

Description	1955-56		1956-57		1957-58	
	Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts
	Gallons	£	Gallons	£	Gallons	£
Light Oils—						
Petroleum Spirit—						
Motor Spirit ...	2,054,729,240	256,840,302	1,912,998,815	260,513,238	1,979,788,782	248,777,392
Other Spirit ...	46,856,521	5,857,077	47,069,356	6,658,637	45,334,078	5,652,193
Coal Tar Products—						
Benzole ...	136,203	17,025	44,180	6,540	76,913	9,674
Other Sorts ...	1,455,440	181,929	861,039	113,987	631,138	78,848
Turpentine ...	867,583	108,448	676,061	92,434	611,848	75,651
Other Hydrocarbon Oils ...	1,429,114	178,871	1,695,978	247,022	1,677,083	222,898
Oils in Composite Articles ...	174,326	21,788	210,606	29,448		
Total, Light Oils ...	2,105,648,427	263,205,440	1,963,556,035	267,661,306	2,028,119,842	254,816,656
Heavy Oils for use as fuel in road vehicles	421,069,385	52,633,673	447,802,826	62,319,034	483,287,216	60,891,285
Partly Rebateable Heavy Oils—						
Lubricating Oil ...	167,767,568	699,032	161,155,766	671,482	148,500,513	618,753
All Other Oils ...	4,781,721	19,924	4,549,722	18,957	3,702,409	15,426
Total, Partly Rebateable Heavy Oils	172,549,289	718,956	165,705,488	690,439	152,202,922	634,179
Deduct net amount paid to Isle of Man ^(b)	—	—425	—	—4,434	—	—3,381
Total, Imported Oils ...	2,699,267,101	316,558,494	2,577,064,349	330,675,213	2,663,609,980	316,345,501

(a) Includes £19,221 in respect of oils in composite articles on which the oil duty was charged at a flat rate and for which information of the quantities of oil is not available.

(b) Difference between amounts collected in, and allocated to, the Isle of Man. The minus figures are due to excess of amounts collected in the year over amounts allocated.

TABLE 52.—Home produced Hydrocarbon Oils: Quantities retained for Consumption and Net Receipts

	Light Oils			Heavy Oils for use as fuel in road vehicles			Total Dutiable		
	Quantity retained for Consumption	Gallons	Net Receipts £	Quantity retained for Consumption	Gallons	Net Receipts £	Quantity retained for Consumption	Gallons	Net Receipts £
1950-51 (a)	...	...	...	...	...	...	...	...	...
1951-52	...	...	...	...	...	...	...	...	...
1952-53	...	...	...	...	...	...	...	...	...
1953-54	...	...	...	...	...	...	...	...	...
1954-55	...	...	...	...	...	...	...	...	...
1955-56	...	...	...	...	...	...	...	...	...
1956-57	...	...	...	...	...	...	...	...	...
1957-58	...	...	...	...	...	...	...	...	...
	103,351,983	3,855,223	21,424,998	803,437	124,776,981	4,658,660			
	72,599,483	4,125,076	22,401,397	1,284,012	95,000,880	5,409,088			
	104,563,216	9,146,573	23,687,039	2,072,616	128,250,255	11,219,189			
	115,277,282	8,794,439	24,022,254	1,831,775	139,299,536	10,626,214			
	134,881,631	8,412,713	25,041,824	1,565,114	159,923,455	9,977,827			
	133,803,221	8,360,334	22,944,696	1,434,044	156,747,917	9,794,378			
	121,142,550	9,121,807	22,228,428	1,738,290	143,370,978	10,860,097			
	136,354,219	8,721,319	24,277,051	1,544,386	160,631,270	10,265,705			

(a) From 19th April, 1950.

TABLE 53.—Home produced Hydrocarbon Oils: Quantities of each description retained for Consumption and Net Receipts

Description	1955-56		1956-57		1957-58	
	Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts
	Gallons	£	Gallons	£	Gallons	£
Heavy Oils for use as fuel in road vehicles ...	22,944,696	1,434,044	22,228,428	1,738,290	24,277,051	1,544,386
Light Oils—						
From Shale (including indigenous crude petroleum)—						
Motor Spirit ...	10,416,053	651,036	8,161,170	626,713	11,471,253	737,406
Industrial Spirit ...	698,580	43,661	670,775	53,040	562,029	35,615
Other Sorts ...	(a) —547	(a) —34	1	—	—	—
Coal Tar Products—						
Motor Benzole ...	48,975,651	3,068,976	46,483,253	3,351,693	51,802,651	3,287,194
Other Benzole ...	21,422,904	1,326,948	22,949,407	1,801,099	19,495,534	1,299,139
Toluenes ...	9,400,695	589,182	8,836,049	694,061	8,737,417	562,356
Xyloles ...	3,368,066	210,439	3,677,796	290,377	3,717,708	235,611
Naphthas ...	7,728,630	483,063	7,534,927	602,819	7,575,747	478,313
Other Spirit ...	2,827,892	176,743	3,724,220	308,840	13,160,532	827,019
Other Sorts—						
Motor Spirit ...	27,948,421	1,746,765	18,671,823	1,362,456	19,457,167	1,233,645
Other than Motor Spirit ...	1,016,876	63,555	433,129	30,709	374,181	25,021
Total Light Oils ...	133,803,221	8,360,334	121,142,550	9,121,807	136,354,219	8,721,319
Total Distillable Oils ...	156,747,917	9,794,378	143,370,978	10,860,097	160,631,270	10,265,705

(a) Excess of repayments.

TABLE 54.—Power Alcohol and Petrol Substitutes:
Quantities retained for Consumption and Net Receipts

		Power Alcohol		Petrol Substitutes	
		Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts
		Gallons	£	Gallons	£
1953-54	...	—	—	117,815	9,873
1954-55	...	111	14	50,664	3,167
1955-56	...	185	23	47,207	2,951
1956-57	...	—	—	69,063	6,323
1957-58	...	—	—	34,250	2,135

Purchase Tax is an *ad valorem* tax which is imposed, in general, at the wholesale stage in the distribution of goods. The tax is expressed as a percentage of the statutory wholesale value of goods supplied under "chargeable purchases". This value is, briefly, the price (exclusive of the tax) which the goods would fetch, on a sale made at the time when the tax becomes due, by a person selling by wholesale in the open market to a retail trader. Broadly speaking, there is a "chargeable purchase" when a registered wholesaler or manufacturer sells chargeable goods to a retailer or appropriates or applies them to retail trading or to any purpose other than a sale as stock or materials to another registered trader. A registered wholesaler can buy goods as stock for re-sale, and a registered manufacturer can buy goods as materials for manufacture, tax-free, from a registered seller.

The tax is levied on chargeable goods imported into the United Kingdom unless they are imported by a registered wholesaler as stock or by a registered manufacturer as materials for manufacture, in which case they are brought within the scope of the internal tax law. Registered persons may export chargeable goods free of tax, and certain purchases made by foreign tourists in this country may be exported tax-free as passengers' baggage under the Personal Export Scheme. To avoid inflating Exchequer accounts with large amounts of tax on Government purchases, arrangements exist under which registered traders may supply chargeable goods tax-free to certain Government Departments.

In general, the tax is collected quarterly and the receipts during each quarter relate to sales and appropriations by registered traders during the preceding quarter.

The list below indicates, in general terms and subject to the free list which follows it, the principal kinds of goods which were chargeable with tax at the various rates on 31st March, 1958:—

Rate of Tax	Goods
5 per cent. ...	Garments (other than fur garments), footwear, gloves, handkerchiefs, scarves, shawls and braces; cushions, pillows, bolsters and mattresses. Most domestic furniture.
10 per cent. ...	Headgear; narrow fabrics; "woollen" tissues and fabrics.
15 per cent. ...	Most floor coverings. Office furniture. Domestic hardware, ironmongery, table-ware, kitchen-ware and toilet-ware. Most hand-operated domestic appliances. Cutlery, spoons, forks, etc.
30 per cent. ...	Most haberdashery. Wallpaper. Garden furniture. Sewing machines; electric irons and electric kettles. Lighting fittings, bulbs and mantles; hand lamps and band torches. Lawn mowers and rollers. Clocks and watches not of precious metal. Toys and sports requisites. Umbrellas. Trophy cups, bowls, etc., awarded as prizes. Certain toilet requisites and preparations. Drugs and medicines. Stationery and office requisites. Bicycles, motor cycles, light tricycles, and the chassis of goods vehicles.
50 per cent. ...	Fur garments, fur headgear, fur rugs and fur skin.

Rate of Tax	Goods
60 per cent. ...	<p>Mirrors, Gas and electric space and water heating appliances. Domestic refrigerators, washing machines and vacuum cleaners. Clocks and watches of precious metal. Radio and television sets, and valves. Gramophones, records and musical instruments. Smokers' requisites. Trunks, bags, purses, wallets, etc. Cameras and photographic goods. Most pictures and prints. Jewellery and imitation jewellery; personal articles of precious metal. Ornaments and most fancy goods. Motor cars.</p>
90 per cent. ...	<p>Picture postcards, pictorial calendars, and the more elaborate greeting cards. Perfumery and cosmetics; toilet requisites and preparations not chargeable at 30 per cent.</p>

Goods which, at 31st March, 1958, were free of tax included:—

Foodstuffs
Fuel
Books
Young children's garments and footwear
Pins, needles, thimbles, sewing thread and knitting wool
Sanitary ware, household brushes, brooms and mops, and a range of dusters and cleaning cloths
Most "non-woollen" tissues and fabrics, domestic textile articles and soft furnishings; plastic sheeting
Cooking stoves
Pianos and organs
School satchels, shopping bags and baskets
Toilet paper and tooth brushes
Certain essential or non-proprietary drugs and medicines
Omnibuses, ambulances, invalid carriages and perambulators
Office machinery
Most industrial and building materials and appliances
Most articles (e.g. spirits and tobacco) subject to other indirect taxation

Registered traders are not normally required to furnish separately particulars of the amount of their liability to tax at each rate, but the yield of tax at the different rates is estimated to have been approximately as follows:—

								£ million
During the period 1st April, 1957, to 31st March, 1958:								
Goods chargeable at	5 per cent.	...	...	...	...	...	...	51
"	10	"	"	...	...	...	...	4
"	15	"	"	...	...	...	...	26
"	30	"	"	...	...	...	...	143*
"	50	"	"	...	...	...	...	3
"	60	"	"	...	...	...	...	238
"	90	"	"	...	...	...	...	30
Total	...	...	...	...	...	...	...	495

* This figure includes tax at 30 per cent. in respect of chargeable transactions during the first quarter of 1957 for goods which were reduced to the 15 per cent. rate following the 1957 Budget.

Under the main groups of commodities tax receipts are estimated to have been as follows:—

£ million

Group under 8th Schedule of Finance Act, 1948	Approximate Yield 1957-58(a)
1, 2, 3, 4, 8 { Footwear	6.8
5 { Apparel other than footwear, including fur garments ...	38.7
6 { Haberdashery	6.1
7 { Domestic textile articles and bedding	1.5
8 { Fabrics	2.1
9 { Floor coverings and rugs	21.2
10 { Wallpaper, etc.	4.7
11 { Furniture; domestic hardware and ironmongery ...	22.8
12 { Domestic gas, electric and other appliances	34.2
13 { Cutlery, spoons, forks, etc.	2.0
14, 15 { Lighting fittings, bulbs and mantles; torches	10.0
16 { Clocks and watches	6.6
17 { Radio and television sets, and valves	52.6
18 { Musical instruments and gramophone records	13.8
19 { Toys and sports requisites	13.5
20 { Trunks, bags, purses, wallets, etc.	8.9
21 { Cameras and photographic goods	5.3
22 { Pictures, prints, ornaments and fancy goods	4.4
23, 29 { Jewellery and imitation jewellery	7.3
24 { Toilet requisites and hairdressing goods	8.2
25, 31 { Perfumery, cosmetics and toilet preparations	32.8
26 { Drugs and medicines	12.1
27 { Stationery and office requisites; greeting cards	41.1
28 { Road vehicles, including cycles	134.4
32 { Miscellaneous (including groups for which information is not separately available)	4.0
TOTAL	495.1

(a) Gross receipts before deduction of repayments, rebates and payments to the Isle of Man.

Diagram 8 shows the total receipts from the tax and the estimated yield from various broad classes of goods, for each year since the Purchase Tax Schedule was recast in 1948. The classes of goods indicated in the diagram comprise the following:—

- "Clothing and textiles" comprises Groups 1-8;
- "Household goods" comprises Groups 9-15 and 18;
- "Stationery" comprises Group 34;
- "Road Vehicles" comprises Group 35;
- "Other goods" comprises the rest of the Schedule.

DIAGRAM 8.—Purchase Tax: Receipts

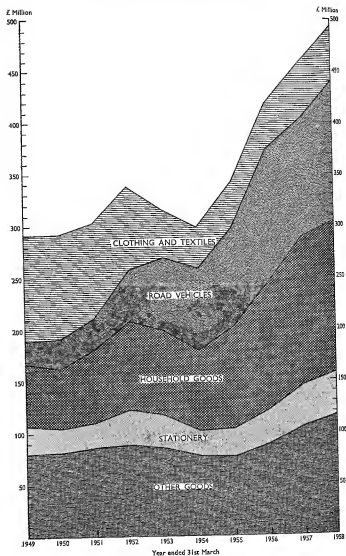


TABLE 55.—Purchase Tax: Registered Traders and Net Receipts

	Approximate number of registered traders at 31st March	Net Receipts from Purchase Tax paid:—		Total
		By Registered Traders (a)	At Time of Importation	
		£		
1948-49... ..	69,600	289,119,384	2,003,772	291,123,156
1949-50... ..	68,000	289,849,673	1,882,457	291,732,130
1950-51... ..	70,700	300,145,274	2,383,094	302,528,368
1951-52... ..	68,600	335,007,800	2,663,433	337,671,233
1952-53... ..	67,400	312,936,254	1,533,086	314,469,340
1953-54... ..	65,400	297,419,427	1,891,755	299,311,182
1954-55... ..	64,400	338,596,589	3,238,680	341,835,269
1955-56... ..	62,800	416,247,804	2,549,032	418,796,836
1956-57... ..	62,200	455,599,053	2,252,250	457,851,303
1957-58... ..	61,600	491,249,571	2,976,320	494,225,891

(a) Including receipts in respect of imported goods entered under registered persons' certificates.

ENTERTAINMENTS DUTY

Entertainments duty is chargeable on payments for admission to cinematograph and television shows. From 5th May, 1957, the rate of duty was reduced to one-half of the amount by which the payment for admission (including the duty) exceeds 11d. A reduced rate of duty is charged on payments for admission to certain mixed entertainments such as ciné-variety which include the showing of films or television. There are provisions for exemption from duty on entertainments held in rural areas or for certain charitable or educational purposes.

During the previous years covered by Table 56 entertainments duty was charged at a progressive rate on payments above a certain price for admission as a spectator or member of an audience to a wide range of entertainments. In the financial year 1952-53 and the four following years there were three scales of duty. The first (or lowest) scale of duty was charged on admissions to most entertainments where all the performers whose words or actions constituted the entertainment were actually present, that is the living theatre, ballet, concerts and so on. The second scale of duty applied mainly to racing, games and other sports. The third (or highest) scale was charged on admissions to entertainments where the performers were not actually present, for example the cinema. There was a wide range of grounds on which exemption could be obtained.

In the year 1957-58 the duty was charged on entertainments other than cinematograph and television shows until 4th May, 1957, only. Approximately £25.76 million out of the total revenue from entertainments duty of £26.54 million in the year came from the cinema. In the previous nine financial years the approximate receipts of duty from cinemas were:—

					£000
1948-49	...	...	...	...	38,280
1949-50	...	...	...	...	36,970
1950-51	...	...	...	...	36,260
1951-52	...	...	...	...	38,290
1952-53	...	...	...	...	37,680
1953-54	...	...	...	...	37,590
1954-55	...	...	...	...	35,330
1955-56	...	...	...	...	33,560
1956-57	...	...	...	...	34,760

During the last ten years there have been a number of changes in the rates, structure and scope of the duty, and this should be borne in mind when considering the series of figures shown above and in Table 56 which sets out the net receipts of duty from all types of entertainment collected in England and Wales and in Scotland. In Northern Ireland the entertainments duty is collected under the authority of the Government of that country and it is therefore outside the scope of this Report.

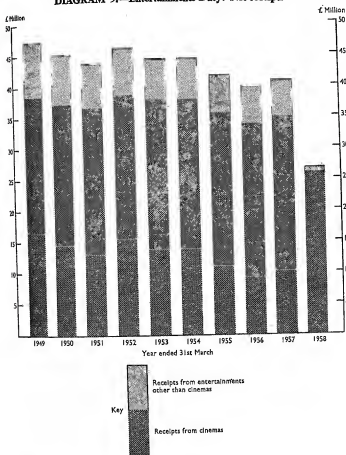
Diagram 9 shows the total net receipts of duty and the estimated division of the yield between cinemas and other types of entertainment.

TABLE 56.—Entertainments Duty: Net Receipts

175
£

	England and Wales	Scotland	Total
1948-49	42,400,804	4,754,191	47,154,995
1949-50	40,333,341	4,662,367	44,995,708
1950-51	39,109,700	4,479,066	43,588,766
1951-52	41,212,664	4,592,676	45,805,340
1952-53	39,594,775	4,573,690	44,168,465
1953-54	39,663,059	4,567,206	44,230,265
1954-55	37,062,598	4,214,072	41,276,670
1955-56	35,513,554	4,011,413	39,524,967
1956-57	36,539,117	4,116,965	40,656,082
1957-58	23,865,777	2,671,514	26,537,291

DIAGRAM 9.—Entertainments Duty: Net receipts



POOL BETTING DUTY

Pool betting duty was introduced on 4th January, 1948, by the Finance (No. 2) Act, 1947, at the rate of 10 per cent. of the stake money paid on all pool betting except betting by means of a totalisator set up on an approved horse racecourse by, or under, the authority of the Racecourse Betting Control Board. Pool betting is defined in this Act and in the Finance Acts, 1948, 1950 and 1952. The principal types of betting covered by the definition are (a) betting by means of a totalisator on a track licensed for dog-racing and (b) betting (other than fixed odds betting) by means of coupons on, most commonly, results of football matches. The figures given in Table 57 do not include receipts from Northern Ireland since the Pool Betting Duty in that country was imposed by the Government of Northern Ireland.

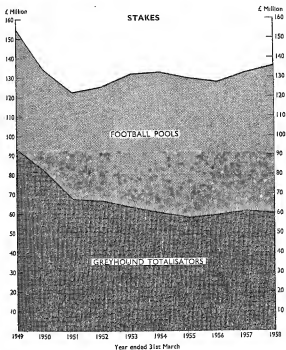
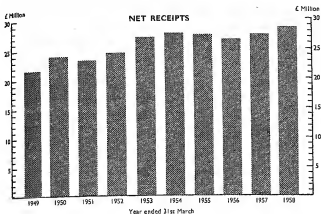
The Finance Act, 1948, increased the rate of duty on taxable betting transactions, other than totalisator betting on a dog racecourse, to 20 per cent. of the total stake money paid; this rate was further increased by the Finance Act, 1949, to 30 per cent. This latter increase applied to bets made in respect of events taking place on or after 9th April, 1949.

The above changes are reflected in the figures shown in Table 57 and Diagram 10 of net receipts from pool betting duty and the stakes related to them.

TABLE 57.—Pool Betting Duty: Net Receipts and Related Stakes

	From totalisators on dog racecourses		From football and similar other pools		Total	
	Stakes	Net Receipts	Stakes	Net Receipts	Stakes	Net Receipts
1948-49 ...	£000 93,642	£ 9,364,170	£000 64,571	£ 12,300,437	£000 158,213	£ 21,664,607
1949-50 ...	82,236	8,223,612	53,521	15,556,651	135,757	23,780,263
1950-51 ...	67,722	6,772,239	54,309	16,292,616	122,131	23,064,855
1951-52 ...	66,608	6,660,846	58,615	17,584,628	125,223	24,245,474
1952-53 ...	63,629	6,362,918	68,012	20,403,503	131,641	26,766,421
1953-54 ...	60,430	6,042,999	72,020	21,605,041	132,450	27,648,040
1954-55 ...	58,042	5,804,167	71,515	21,454,615	129,557	27,258,782
1955-56 ...	59,100	5,910,010	68,832	20,649,630	127,932	26,559,640
1956-57 ...	61,356	6,135,580	71,014	21,304,286	132,370	27,439,866
1957-58 ...	60,505	6,050,543	75,675	22,732,440	136,180	28,752,983

DIAGRAM 10.—Pool Betting Duty: Net Receipts and Related Stakes 177



BOOKMAKERS' LICENCE DUTY

Bookmakers' Licence Duty is paid by bookmakers operating at dog race meetings on tracks at which a totalisator is operated. The cost of a licence authorising the bookmaker to do business at a meeting depends on the enclosure in which he operates and the rates, which are determined according to the number of enclosures at the track, range from £6 to £48 for a meeting of eight races. The rates are proportionately higher for a meeting of more than eight races.

The licence duty was introduced by the Finance Act, 1948, and came into operation on the 9th August, 1948. It does not apply in Northern Ireland.

The following Table shows duty receipts and the number of licences for meetings of eight or more races in respect of which duty was received during the financial years 1956-57 and 1957-58.

TABLE 58.—Bookmakers' Licences issued and Net Receipts

Type of track	Number of licences issued		Net Receipts	
	1956-57	1957-58	1956-57	1957-58
			£	
Single Enclosure ...	5,152	5,015	61,950	60,291
Two Enclosures —				
Cheaper enclosure ...	69,409	68,657	417,907	413,477
Dearer enclosure ...	24,341	24,689	586,125	594,525
Three enclosures —				
Cheapest enclosure ...	37,860	36,643	229,038	221,591
Middle enclosure ...	9,851	9,553	178,799	173,385
Dearest enclosure ...	3,434	3,478	166,524	168,408
Total ...	150,047	148,035	1,640,343	1,631,677
<i>Less refunds...</i>			3,445	4,073
Net Receipts ...			1,636,898	1,627,604

MATCHES AND MECHANICAL LIGHTERS

Matches. The duty on matches is related both to the number of matches and to the contents of the container in which they are packed for sale. The duty was increased with effect from 7th April, 1949, and it was cast into a new form with effect from 1st August, 1951.

The rates of the Excise duty on matches produced in the United Kingdom are at present 13s. 9d. for every 7,200 matches in containers (usually boxes) of more than 30 matches; and 19s. 2d. for every 10,000 matches in containers (usually booklets) of not more than 30 matches. The corresponding rates of the Customs duty on imported matches are 14s. 5d. and 19s. 11d. respectively.

The quantities of 10,000 matches and 7,200 matches are referred to as a "standard" and a "short standard" respectively, and these terms are used in Tables 60 and 61.

Mechanical Lighters. The duty on mechanical lighters was also increased with effect from 7th April, 1949, and different rates of duty were introduced for gas lighters and for other mechanical lighters. The lower rates, which apply to gas lighters, are a Customs duty of 5s. 0d. on each imported lighter and an Excise duty of 4s. 0d. on each lighter made in the U.K. The higher rates of duty, which apply to other lighters, are 7s. 0d. (Customs) and 6s. 0d. (Excise) for each lighter.

TABLE 59.—Matches: Net Receipts

£

	Customs	Excise	Total
1948-49	1,871,770	5,229,848	7,101,618
1949-50	5,135,408	7,597,159	12,732,567
1950-51	4,925,615	8,089,790	13,015,405
1951-52	4,133,636	7,949,280	12,082,916
1952-53	3,110,359	8,539,140	11,649,499
1953-54	3,459,401	8,638,346	12,097,747
1954-55	4,026,147	8,113,899	12,140,046
1955-56	4,187,740	8,072,108	12,259,848
1956-57	4,249,614	7,847,833	12,097,447
1957-58	4,462,807	7,802,984	12,265,791

TABLE 60.—Imported Matches: Net Quantities duty-paid and Net Receipts

	Matches in containers of not more than 30 matches		Matches in containers of more than 30 matches		Total Net Receipts		
	Net Quantity duty-paid	Net Receipts	Net Quantity duty-paid	Net Receipts			
		Standards		£		Short Standards	£
1953-54	301	299	4,822,953	3,459,102	3,459,401		
1954-55	15,318	15,190	5,587,966	4,010,957	4,026,147		
1955-56	25,177	24,963	5,799,734	4,162,777	4,187,740		
1956-57	24,135	23,938	5,885,923	4,225,676	4,249,614		
1957-58	26,784	26,571	6,177,759	4,436,236	4,462,807		

TABLE 61.—Matches made in the United Kingdom : Net Quantities duty-paid and Net Receipts

	Matches in containers of not more than 30 matches		Matches in containers of more than 30 matches		Allowances	Total Net Receipts
	Net Quantity duty-paid	Net Receipts	Net Quantity duty-paid	Net Receipts		
	Standards	£	Short Standards	£		
1953-54	114,492	109,723	12,408,615	8,530,921	2,298	8,638,346
1954-55	100,251	96,074	11,666,714	8,020,865	3,040	8,113,899
1955-56	102,982	98,693	11,602,463	7,976,692	3,277	8,072,108
1956-57	113,460	108,733	11,260,986	7,741,927	2,827	7,847,833
1957-58	123,682	118,529	11,180,621	7,686,676	2,221	7,802,984

DIAGRAM 11.—Matches: Net receipts of duty

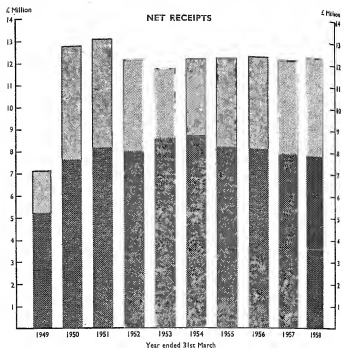


TABLE 62.—Mechanical Lighters: Net Quantities duty-paid and Net Receipts

	Customs					Excise			Total	
	Net Quantity duty-paid			Net Receipts		Net Quantity duty-paid	Net Receipts	Net Quantity duty-paid	Net Receipts	
	Lighters (a)	Parts (a)		Net Receipts						
		Parts (a)								
	Number					£	Number	£	Number	£
	At lower rate	At higher rate	At lower rate	At higher rate		At lower rate	At higher rate (b)	At lower rate	At higher rate (b)	
1953-54 ...	159	71,274	—	—	24,034	537,372	1,780,363	537,531	1,851,637	660,891
1954-55 ...	10	95,361	—	—	32,439	598,512	1,791,997	598,522	1,887,358	687,067
1955-56 ...	73	116,789	—	—	40,008	749,713	1,871,370	749,786	1,988,159	749,239
1956-57 ...	155	126,578	—	—	43,452	588,169	1,677,651	588,324	1,804,229	664,123
1957-58 ...	78	156,971	—	—	54,128	686,113	1,360,203	686,191	1,517,174	599,400

(a) With effect from 1st May, 1953, the quantity of imported lighters includes incomplete lighters and major parts treated as incomplete lighters; other parts ceased to be chargeable.

(b) These quantities include the following numbers of lighters on which duty was paid at the rates in force before 7th April, 1949—27,003 in 1953-54, 15,271 in 1954-55, 12,125 in 1955-56, 1,477 in 1956-57 and 68 in 1957-58.

SUGAR, MOLASSES, GLUCOSE AND SACCHARIN

Sugar, molasses and glucose.—The duty on sugar is charged according to the degree of sucrose content shown by the polariscope. The rates of duty on unrefined sugar were originally proportionate to the rates on refined sugar, but since 1928 the duties have been differentiated in favour of unrefined sugar for the protection of British refiners. Thus the highest rates of duty apply to refined (*i.e.* fully-refined) sugar, which is, for this purpose, sugar over 98 degrees of polarisation in the case of the imported foreign product, and sugar over 99 degrees in the case of the imported Commonwealth and the home-grown product. There are preferential rates of duty for sugar from Commonwealth sources and for sugar produced in this country from home-grown beet. There are further special preferential rates of duty on sugar imported from the British Colonies. There are corresponding Customs and Excise duties on molasses and glucose.

There was a reduction in the sugar duty on 6th April, 1949, and this should be borne in mind in connection with the tables showing net receipts over a period of years (Tables 63 and 65). In order to assist in comparing quantities in Tables 64, 66 and 67 all sugar retained for consumption in this country has been converted into the equivalent of fully refined sugar.

From 1st September, 1957, certain composite articles containing sugar, molasses or glucose have been charged with duty at average rates in lieu of the precisely calculated amounts previously charged in respect of these ingredients. The quantity of sugar in these composites is not known precisely and the quantities of sugar retained for consumption given in Tables 64, 66 and 67 do not include sugar in composite articles. The revenue from sugar in composite articles and the quantity of these articles retained for home consumption are given in Table 68. Part A covers the period before average rates for composite goods came into force and Part B the rest of the financial year.

Saccharin.—The relationship between the duty on saccharin and that on unrefined sugar, which had been maintained at the time of earlier changes in the rate of sugar duty, was altered in 1949. The rates of duty on saccharin, which remained unchanged in 1949, are 7s. 6d. an ounce (Customs) and 5s. 2½d. an ounce (Excise) with a preferential rate for imports from Commonwealth sources.

TABLE 63.—Sugar, Molasses, Glucose and Saccharin: Net Receipts (a)

	Customs			Excise			Total		
	Gross Receipts less Repayments and Payments to the Isle of Man	Draw-backs	Net Receipts	Gross Receipts less Repayments	Draw-backs	Net Receipts	Gross Receipts less Repayments and Payments to the Isle of Man	Draw-backs	Net Receipts
1948-49 ...	37,181,961	13,288,170	23,893,791	11,196,900	229,860	10,967,040	48,378,861	13,518,030	34,860,831
1949-50 ...	15,495,131	7,454,845	8,040,286	4,924,860	529,495	4,395,365	20,419,991	7,984,340	12,435,651
1950-51 ...	16,209,830	8,348,688	7,951,142	5,425,272	321,208	5,104,064	21,725,102	8,669,896	13,055,206
1951-52 ...	16,180,230	7,866,680	8,313,550	5,068,183	341,019	4,727,164	21,248,413	8,207,699	13,040,714
1952-53 ...	14,478,090	6,546,923	7,931,167	4,717,227	225,052	4,492,175	19,195,317	6,771,975	12,423,342
1953-54 ...	14,827,812	7,487,718	7,340,094	4,699,612	376,099	4,323,513	19,527,424	7,863,817	11,663,607
1954-55 ...	15,545,125	7,757,819	7,787,306	4,264,922	186,730	4,078,192	19,810,047	7,944,549	11,865,498
1955-56 ...	15,193,537	7,284,199	7,909,338	4,088,939	72,443	4,016,496	19,282,476	7,356,642	11,925,834
1956-57 ...	14,393,560	6,838,121	7,555,439	4,532,275	114,902	4,417,373	18,925,835	6,953,023	11,972,812
1957-58 ...	16,668,434	7,156,835	9,511,599	4,533,433	100,616	4,432,817	21,201,867	7,257,451	13,944,416

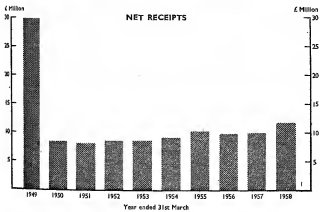
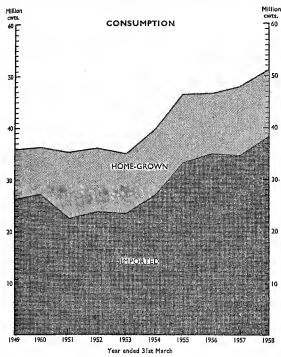
(c) This table includes the duties on spirits in sugar goods (see Table 14) and on fruits of the descriptions mentioned in Table 77, both preserved in sugar and used in the manufacture of sugar composite goods. In 1957-58 the duties on these fruits amounted to £811 and £2,183 respectively.—It does not include the additional duties on sweetened spirits (see Table 14) or the duties on sugar in cocoa preparations (see Table 73).

TABLE 64.—Sugar (excluding Sugar in Imported Articles): Quantities (in equivalent of Refined Sugar) retained for Consumption

Cwt.

	Customs (Imported Sugar)			Excise (Home- grown Sugar)	Customs and Excise
	Total Refined and Unrefined entered for Consumption	Drawbacks (including Sugar in Articles Exported)	Total retained for Consumption		
1948-49	37,733,561	11,664,078	26,069,483	9,860,469	35,929,952
1949-50	39,858,962	12,882,377	26,976,585	9,156,942	36,133,527
1950-51	39,067,909	16,704,344	22,363,565	12,709,181	35,072,746
1951-52	39,634,460	15,968,464	23,665,996	12,236,310	35,902,306
1952-53	36,666,055	13,261,657	23,404,398	11,464,627	34,869,025
1953-54	41,877,353	15,094,636	26,782,717	12,773,169	39,555,886
1954-55	48,611,649	15,538,542	33,073,107	13,006,530	46,079,637
1955-56	49,447,479	14,499,304	34,948,175	11,426,439	46,374,614
1956-57	48,134,819	13,569,238	34,565,581	13,303,559	47,869,140
1957-58	52,611,394	14,289,972	38,321,422	12,746,966	51,068,388

DIAGRAM 12.—Sugar (excluding sugar in imported articles):
retained for consumption and net receipts of duty



The quantities retained for consumption are in equivalent of refined sugar.

TABLE 66.—Imported Sugar: Quantities, at full and preferential rates, retained for Consumption

Net Quantity in equivalent of refined sugar									Cwt.
Entered for Consumption		Drawbacks		Retained for Consumption					
Full	Preferential	Full	Preferential	Full	Preferential				
					Certificated Colonial	Other	Total		
1948-49	22,934,828	14,798,733	—	11,664,078	11,270,750	7,684,322	7,114,411	14,798,733	26,069,483
1949-50	21,405,537	18,453,425	—	12,882,377	8,523,160	6,942,729	11,510,696	18,453,425	26,976,585
1950-51	24,249,690	14,818,219	—	16,704,344	7,545,346	7,512,327	7,305,892	14,818,219	22,363,565
1951-52	23,654,701	15,979,759	—	15,968,464	7,686,237	7,680,434	8,299,325	15,979,759	23,665,996
1952-53	20,835,466	15,830,589	—	13,261,657	7,573,809	7,250,845	8,579,744	15,830,589	23,404,398
1953-54	20,296,688	21,580,665	292	15,094,344	5,202,344	6,617,776	14,962,597	21,580,373	26,782,717
1954-55	19,309,425	29,302,224	835	15,537,707	3,771,718	8,570,534	20,730,855	29,301,389	33,073,107
1955-56	17,525,942	31,921,537	2,678	14,496,626	3,029,316	10,114,038	21,804,821	31,918,859	34,948,175
1956-57	15,361,326	32,773,493	63,863	13,505,375	1,855,951	10,354,431	22,355,199	32,709,630	34,565,581
1957-58	19,743,283	32,868,111	108,645	14,181,327	5,561,956	9,961,561	22,797,905	32,759,466	38,321,422

TABLE 67.—Sugar: Net Quantities entered for Consumption and Net Receipts, at certain degrees of polarisation, 1957-58

Polarisation	Customs (Imported)				Excise (Home-grown)	Total Customs and Excise
	Refined	Unrefined	Refined and Unrefined			
			Full	Preferential	Total	
Cwt.						
Not exceeding 95°	203	518,885	329,974	189,114	519,088	538,153
Exceeding 95° not exceeding 96°	—	1,781,502	1,351,172	430,330	1,781,502	1,798,579
Exceeding 96° not exceeding 97°	10,004	10,223,099	3,542,779	6,690,324	10,233,103	10,564,881
Exceeding 97° not exceeding 98°	1,890	21,495,479	14,564,177	6,933,192	21,497,369	25,621,581
Exceeding 98° not exceeding 99°	1,107,004	21,765,653	1,737,513	19,883,513	22,872,657	31,524,822
Exceeding 99°				1,251,631		
Total	1,119,101	55,784,618	21,525,615	35,378,104	56,903,719	70,048,016
	In equivalent of Refined	...	...	...	52,611,394	65,358,720
	Deduct drawbacks	...	...	...	14,289,972	14,290,332
	Net quantity retained for consumption (in equivalent of Refined)	...	...	...	38,321,422	51,068,388

continued on next page

TABLE 67.—Sugar: Net Quantities entered for Consumption and Net Receipts, at certain degrees of polarisation, 1957-58—continued

Polarisation	Customs (Imported)					Excise (Home- grown)	Total Customs and Excise
	Refined	Unrefined	Refined and Unrefined				
			Full	Preferential	Total		
Receipts							
£							
Not exceeding 95°	66	160,793	125,511	35,348	160,859	2,987	163,846
Exceeding 95° not exceeding 96°	—	638,718	549,477	89,241	638,718	2,832	641,550
Exceeding 96° not exceeding 97°	2,263	2,767,352	1,480,587	1,289,028	2,769,615	56,541	2,826,156
Exceeding 97° not exceeding 98°	475	7,345,405	6,250,460	1,095,420	7,345,880	721,737	8,067,617
Exceeding 98° not exceeding 99°	600,002	4,547,920	1,013,548	3,826,800	5,147,922	81,922	7,108,090
Exceeding 99°				307,574		1,878,246	
Total	602,806	15,460,188	9,419,583	6,643,411	16,062,994	2,744,265	18,807,259
	Deduct drawbacks	...	...	...	...	82	7,151,160
	Deduct amount paid to the Isle of Man	...	...	...	...	19,071	19,071
	Net Receipts	...	...	...	8,892,845	2,744,183	11,637,028

(a) Includes drawbacks and allowances in respect of molasses made from duty-paid sugar exported, delivered to licensed distillers, etc., for manufacture of spirits or yeast, used as food for stock, etc.

TABLE 68.—Imported Articles containing Sugar: Quantities retained for Consumption and Net Receipts, 1957-58

Description	Quantities retained for Consumption			Net Receipts			
	Full	Preferential	Total	Sugar Duty	Duty under Import Duties Act	Duty under Ottawa Agreements Act	Total
Cwt.				£			
A. 1st April, to 31st August, 1957							
Chutney	2,895	4,523	7,418	1,009	—	—	1,009
Confectionery (a)	52,893	8,569	61,462	24,737	49,563	1,281	75,581
Fruit preserved with Sugar:—							
Crystallised, glacé or mottz and drained	40,225	435	40,660	15,163	84,023	—	99,186
Candied or Drained Peel	704	9,828	10,532	2,094	96	—	2,190
In syrup:—							
Tinned or Bottled	887,443	1,591,886	2,479,329	133,345	1,293	505,478	640,116
Other than Tinned or Bottled	3,598	11,998	15,596	1,225	7	4,589	5,821
Jam, Marmalade, Fruit Jellies and Pulp	6,150	92,370	98,520	19,272	1,080	—	20,352
Milk, Condensed, Sweetened:—							
Whole	6,010	27	6,037	1,594	—	1,503	3,097
Separated or Skimmed	149	355	504	83	27	—	110
Block Milk and Milk Powder	6,044	—	6,044	360	—	7	367
Ginger preserved in Sugar or Syrup	17,362	—	17,362	6,595	8,014	—	14,609
Sweetened Biscuits(a)	9,137	3,699	12,836	2,400	7,830	—	10,230
Other Preparations made with added Sugar or other sweetening matter (a) (b)	443,715	292,261	735,976	10,679	46,361	7	57,047
B. 1st September, 1957 to 31st March, 1958							
Milk and cream, preserved or concentrated:—							
containing not more than 10 per cent. by weight of added sweetening matter(b)	27	3,179	3,206	94	—	—	94
containing more than 10 per cent. but not more than 50 per cent. by weight of added sweetening matter(b)	14,224	1,380	15,604	3,854	620	2,642	7,116
Confectionery(a)	57,713	14,527	72,040	31,174	56,222	1,263	88,659

Jams, fruit jellies, marmalades, fruit purées and fruit pastes, being cooked preparations ...	9,412	150,205	159,617	30,977	2,376	249	33,602
Fruit, fruit peel, and parts of plants, drained, glacé or crystallised ...	98,029	21,038	119,067	42,408	214,272	366	257,046
Cakes and pastry(a) ...	1,706	27,716	29,422	2,379	1,720	—	4,099
Biscuits(a) ...	13,910	4,153	18,063	4,539	14,631	—	19,170
Vegetables and fruit, prepared or preserved by vinegar or acetic acid, whether or not containing salt, spices or mustard ...	1,025	7,577	8,602	1,319	325	—	1,644
Fruit, frozen, tinned, bottled or in cask, not drained, glacé or crystallised:—							
ginger ...	28,184	—	28,184	12,459	12,547	—	25,006
other ...	893,853	1,479,271	2,373,124	140,501	6,235	730,413	877,149
Fruit juices:—							
containing not more than 20 per cent. by weight of added sweetening matter(b) ...	3,184	129,289	132,473	2,865	52	—	2,917
containing more than 20 per cent. by weight of added sweetening matter(b) ...	858	77	935	574	321	—	895
Table jelly crystals, powders or squares ...	2	1,430	1,432	479	8	—	487
Other preparations made with added sweetening matter(a)(b) ...	16,301	4,156	20,457	853	4,743	(c) — 5	5,591
Total Net Receipts	...	...	...	493,031	512,366	1,247,793	2,253,190

The net receipts for sugar duty include (i) the spirit duty charged in respect of sugar goods other than cocoa preparations (see Table 14) in the manufacture of which spirits have been used, and (ii) the dried fruit duty charged on dried fruit liable to duty as such, when it is imported preserved in sugar or as an ingredient of sugar composite goods (see Table 77). The net receipts from the Import Duties Act duties and the Ottawa duties are also included in Tables E3 and E4, pages 144-176 inclusive.

(a) Goods containing cocoa are included under Cocoa preparations (see Table 73).

(b) The term "sweetening matter" does not include saccharin.

(c) Excess of repayments.

TABLE 69.—Molasses: Quantities duty-paid, retained for Consumption and Net Receipts

		Customs		Excise (Manufactured from Home-grown Beet)		Total	
		Quantities retained for Consumption	Net Receipts	Quantities retained for Consumption	Net Receipts	Quantities retained for Consumption	Net Receipts
		Cwt.	£	Cwt.	£	Cwt.	£
1953-54	...	74,915	10,943	138,099	10,502	213,014	21,445
1954-55	...	84,694	13,508	148,531	10,248	233,225	23,756
1955-56	...	94,571	15,128	114,376	9,172	208,947	24,300
1956-57	...	89,701	14,229	128,235	11,427	217,936	25,656
1957-58	...	88,189	14,347	74,001	6,659	162,190	21,006

TABLE 70.—Molasses : Duty-Free Uses and Quantities Used

Cwt.

	Authorised under Sections 216 and 218 (1) (c) of the Customs and Excise Act, 1952						Authorised under Section 217 of the Customs and Excise Act, 1952		
	Delivered for use in Distilleries			Delivered for manufacture of Yeast			Delivered for use as Food for Stock		
	British manu- factured	Imported	Manu- factured from Home- grown Beet	British manu- factured	Imported	Manu- factured from Home- grown Beet	British manu- factured	Imported	Manu- factured from Home- grown Beet
1953-54	857,814	3,394,770	46,584	160,089	20,621	1,141,716	1,238,338	3,103,315	2,376,387
1954-55	363,421	5,104,775	33,487	125,331	55,816	1,024,755	1,510,361	4,021,389	2,096,321
1955-56	127,450	3,858,169	919	149,517	19,094	1,202,750	1,896,280	4,999,366	2,488,277
1956-57	233,720	4,645,802	115,050	166,373	4,528	1,038,996	1,630,731	4,936,741	2,669,752
1957-58	101,879	2,694,010	994	160,502	128	1,094,487	1,660,310	3,996,451	2,341,845
							2,113	1,434,287	406,634
							4,064	1,508,439	496,528
							34,704	1,519,454	565,599
							52,903	926,749	565,919
							402	38,132	790,762
									14,182,668
									16,344,687
									16,861,579
									16,987,264
									12,879,902

TABLE 71.—Glucose: Net Quantities duty-paid and Net Receipts

	Customs (Imported)					Excise (Manufactured in U.K.)						
	Net duty-paid			Draw-backs (a)	Net Total	Net duty-paid			Draw-backs (a)	Net Total		
	Solid	Liquid	Total			Solid	Liquid	Total				
Cwt.												
Quantities	1953-54 ...	29,933	75,488	105,421	127	105,294	305,586	3,083,470	3,389,056	217,324	3,171,732	3,277,026
	1954-55 ...	43,135	94,639	137,774	1,116	136,658	263,320	3,022,108	3,285,428	252,395	3,033,033	3,169,691
	1955-56 ...	62,422	158,692	221,114	225	220,889	303,458	3,020,688	3,324,146	253,622	3,070,524	3,291,413
	1956-57 ...	55,152	182,672	237,824	5,881	231,943	272,693	3,023,355	3,296,048	235,330	3,060,718	3,292,661
	1957-58 ...	127,659	266,061	393,720	15,580	378,140	348,026	2,908,142	3,256,168	294,566	2,961,602	3,339,742
£												
Receipts	1953-54 ...	11,101	20,130	31,231	45	31,186	44,565	327,618	372,183	25,291	346,892	378,078
	1954-55 ...	15,966	24,245	40,211	414	39,797	38,401	321,099	359,500	29,211	330,289	370,086
	1955-56 ...	23,095	41,762	64,857	84	64,773	44,254	320,948	365,202	29,430	335,772	400,545
	1956-57 ...	20,412	48,158	68,570	2,181	66,389	39,768	321,231	360,999	27,393	333,606	399,995
	1957-58 ...	47,258	69,489	116,747	5,757	110,990	50,754	308,990	359,744	35,509	324,235	435,225

(a) The quantities shown represent the estimated equivalent of drawback paid.

TABLE 72.—Saccharin: Quantities retained for Consumption and Net Receipts 197

Quantities	Customs (Imported)			Excise (Manufactured in U.K.)			Total
	Net duty-paid	Draw-backs	Net Total	Net duty-paid	Draw-backs	Net Total	
	Oz.						
1948-49 ...	752	—	752	10,479,646	681,056	9,798,590	9,799,342
1949-50 ...	521	—	521	9,955,051	1,843,298	8,111,753	8,112,274
1950-51 ...	(a) —59	—	(a) —59	9,483,436	1,111,820	8,371,616	8,371,557
1951-52 ...	127	—	127	8,299,402	1,212,471	7,086,931	7,087,058
1952-53 ...	119	—	119	7,465,044	780,690	6,684,354	6,684,473
1953-54 ...	202	—	202	6,087,625	1,346,671	4,740,954	4,741,156
1954-55 ...	17,842	17,005	837	4,085,475	603,518	3,481,957	3,482,794
1955-56 ...	325	—	325	4,839,015	164,432	4,674,583	4,674,908
1956-57 ...	331	—	331	4,851,981	335,524	4,516,457	4,516,788
1957-58 ...	1,432	—	1,432	5,463,331	249,608	5,213,723	5,215,155
Receipts	£						
1948-49 ...	282	—	282	2,729,075	177,358	2,551,717	2,551,999
1949-50 ...	194	—	194	2,592,461	480,025	2,112,436	2,112,630
1950-51 ...	(a) —22	—	(a) —22	2,469,645	289,535	2,180,110	2,180,088
1951-52 ...	58	—	58	2,157,310	314,269	1,843,041	1,843,099
1952-53 ...	44	—	44	1,941,346	198,985	1,742,361	1,742,405
1953-54 ...	75	—	75	1,585,204	350,695	1,234,509	1,234,584
1954-55 ...	6,690	6,378	312	1,063,925	157,166	906,759	907,071
1955-56 ...	122	—	122	1,260,160	42,821	1,217,339	1,217,461
1956-57 ...	124	—	124	1,263,536	87,377	1,176,159	1,176,283
1957-58 ...	386	—	386	1,422,742	65,002	1,357,740	1,358,126

(a) Excess of repayments.

TEA, COCOA, COFFEE AND CHICORY

Cocoa. The basic duty on raw cocoa is 14s. 0d. a cwt. with a preference of 2s. 4d. a cwt. for cocoa from Commonwealth sources; there are corresponding duties on cocoa husks and shells and on cocoa butter, and cocoa duty is also charged on cocoa in composite goods.

Coffee. The basic duty on raw coffee is 14s. 0d. a cwt., with a preference of 9s. 4d. a cwt. for coffee from Commonwealth sources. There are also consequential Customs duties on coffee which has been kiln-dried, roasted or ground, on mixtures of coffee and chicory roasted and ground and on preparations consisting wholly or partly of extracts, essences and other concentrations of coffee and chicory. The rates of some of the consequential duties were increased from 7th April, 1954, to correspond with the increase in the duty on chicory.

Chicory. The duty on imported raw chicory was increased from 13s. 3d. a cwt. to 19s. 0d. a cwt. and that on imported roasted or ground chicory from 2d. a lb. to 3d. a lb. from 7th April, 1954. There is a preference of 2s. 2½d. a cwt. for chicory from Commonwealth sources. There is no duty on chicory grown in the U.K.

Tea. The rate of duty on tea was reduced from 8d. to 2d. a lb. from 7th April, 1949. The margin of preference of 2d. a lb. remained unaltered, and tea from Commonwealth sources granted preference has been admitted free of duty since that date. Some of the tea shown in Table 76 as admitted free by preference was subsequently exported.

TABLE 73.—Cocoa: Quantities retained for Consumption and Net Receipts

	Raw Cocoa					Cocoa Husks and Shells	Cocoa Butter	Preparations of Cocoa, etc. (a)	Total
	Retained for Consumption								
	Net entered for Consumption (b)	Drawbacks	Full	Preferential	Total				
<i>Quantities</i>					Cwt.				
1953-54 ...	2,352,615	908,543	128,675	1,315,397	1,444,072	196	147,227	1,811,010	3,402,505
1954-55 ...	2,298,210	1,055,704	241,166	1,001,340	1,242,506	—	241,052	1,006,024	2,489,582
1955-56 ...	1,857,376	706,108	136,333	1,014,935	1,151,268	(c) 8,671	246,476	(c) 833,724	(c) 2,240,139
1956-57 ...	1,907,283	642,759	45,493	1,219,031	1,264,524	(d) —120	403,437	882,428	2,550,269
1957-58 ...	2,084,940	759,555	64,842	1,260,543	1,325,385	1,019	386,174	745,444	2,458,022
<i>Receipts</i>					£				
1953-54 ...	1,388,044	531,582	89,975	766,487	856,462	16	95,840	633,727	1,586,045
1954-55 ...	1,369,487	617,586	168,586	583,315	751,901	—	167,269	316,441	1,235,611
1955-56 ...	1,099,826	413,357	95,292	591,177	686,469	(c) 738	171,653	(c) 250,670	1,109,530
1956-57 ...	1,118,153	376,261	31,799	710,093	741,892	(d) —27	280,625	307,042	1,329,532
1957-58 ...	1,224,118	444,484	45,327	734,307	779,634	86	269,232	234,743	1,283,695

(a) The net receipts include duty on sugar and on spirits used in the manufacture of the preparations but exclude duty collected under the Import Duties Act, 1932 and the Ottawa Agreements Act, 1932 which in 1957-58 amounted to £89,006 and £19 respectively.

(b) The corresponding receipts represent gross receipts less repayments and amounts paid to tide of Man.

(c) These figures differ from those published in the 1955-56 Report, having been revised to correct certain misallocations between Cocoa Husks and Shells and Preparations of Cocoa, etc.

(d) Less of repayments.

TABLE 75.—Imported Chicory, etc.: Quantities retained for Consumption and Net Receipts

	Imported Chicory		Coffee and Chicory, roasted and ground, mixed, including extracts and essences of Coffee or Chicory	
	Quantity retained for Consumption	Net Receipts	Quantity retained for Consumption	Net Receipts
	Cwt.	£	Cwt.	£
1953-54	—	—	2	4
1954-55	1,813	1,746	3,050	10,419
1955-56	4,149	4,000	2,607	9,499
1956-57	10,464	9,962	3,681	13,645
1957-58	18,909	17,963	6,803	28,416

TABLE 76.—Tea: Quantities admitted Free by Preference and Duty-Paid and Net Receipts

	Quantities			Net Receipts
	Admitted free by Preference	Net duty-paid	Total	
	lb.			£
1953-54	517,012,546	18,723,612	535,736,158	155,805
1954-55	510,036,845	37,856,471	547,893,316	315,021
1955-56	415,508,827	33,230,542	448,739,369	276,522
1956-57	552,117,305	40,900,132	593,017,437	340,347
1957-58	471,915,404	36,874,035	508,789,439	306,859

DRIED OR PRÉSERVED FRUITS

The Customs duties on imported dried fruits are charged on foreign produce, dried fruits from Commonwealth sources being admitted free of duty. Some of the dried fruits shown as admitted free by preference may have been subsequently exported. The current rates of duty which vary according to the kind of fruit are shown in the Customs and Excise Tariff.

TABLE 77.—Dried or Preserved Fruits: Quantities of Goods admitted Free by Preference and of Foreign Goods duty-paid and Net Receipts (a)

	Currants				Raisins			
	Quantities			Net Receipts	Quantities			Net Receipts
	Admitted free by Preference	Net duty-paid	Total		Admitted free by Preference	Net duty-paid	Total	
				Cwt.				Cwt.
	£			£			£	
1953-54	150,458	572,242	722,700	57,225	1,114,428	585,804	1,700,232	249,153
1954-55	120,584	1,116,823	1,237,407	111,559	831,988	776,152	1,608,140	329,731
1955-56	81,742	772,372	854,114	77,122	758,229	441,620	1,199,849	187,626
1956-57	119,343	814,815	934,158	81,366	357,389	688,204	1,045,593	292,351
1957-58	45,738	992,696	1,038,434	99,112	683,758	799,409	1,483,167	339,397
	Plums				Total			
	Flgs and Fig cake			Plums			Total	
	Quantities			Quantities			Quantities	
	Admitted free by Preference	Net duty-paid	Total	Net Receipts	Admitted free by Preference	Net duty-paid	Total	Net Receipts
	Cwt.			Cwt.			Cwt.	
	£			£			£	
1953-54	127	68,086	68,213	20,427	2,342	45,591	47,933	18,452
1954-55	30	60,742	60,772	18,199	7,016	26,322	33,338	10,530
1955-56	—	59,167	59,167	17,730	8,855	16,522	25,377	6,579
1956-57	—	64,991	64,991	19,497	5,727	21,162	26,889	8,463
1957-58	—	80,406	80,406	24,064	5,658	27,792	33,450	11,084

(a) The net receipts from dried or preserved fruits in sugar 196 each fruits used in the manufacture of sugar composite goods are included in Table 68.

PLAYING CARDS

The Customs duty is 3*s.* 9*d.* and the Excise duty 3*s.* 0*d.* per dozen packs. The duty is levied by requiring each pack of cards to be enclosed in a stamped duty-wrapper before delivery from Customs charge or from the card maker's premises. Toy cards not exceeding 1½ inches in length or 1¼ inches in width are exempt.

TABLE 78.—Playing Cards: Quantities retained for use and Net Receipts

			Customs		Excise		Total	
			Quantity retained for use	Net Receipts	Quantity retained for use	Net Receipts	Quantity retained for use	Net Receipts
			Dozen Packs	£	Dozen Packs	£	Dozen Packs	£
1953-54	...	...	37,815	7,019	287,493	43,124	325,308	50,143
1954-55	...	...	28,513	5,254	394,747	59,212	423,260	64,466
1955-56	...	...	7,472	1,318	368,760	55,314	376,232	56,632
1956-57	...	...	40,046	7,372	359,340	53,901	399,386	61,273
1957-58	...	...	44,452	8,257	324,087	48,613	368,539	56,870

IMPORTED HOPS

The Customs duty on imported hops is £4 a cwt. and there are also duties on imported hop oil, extracts, essences and similar preparations made from hops. Products from Commonwealth sources are granted a preference of one third of the duty.

A countervailing duty of 10*d.* a bulk barrel is included in the duty on imported beer.

TABLE 79.—Hops and Hop Extracts: Quantities retained for use and Net Receipts

	Hops		Hop Oil, Hop Extract, Essences and similar preparations		Deduct net amount paid to Isle of Man (a)	Total Net Receipts
	Quantity retained for use	Net Receipts	Quantity retained for use	Net Receipts		
	Cwt.	£	Oz.	£		
1953-54 ...	1,560	6,239	—	—	9	6,230
1954-55 ...	5,009	20,031	—	—	29	20,002
1955-56 ...	3,827	14,995	—	—	22	14,973
1956-57 ...	8,594	33,258	95	95	47	33,306
1957-58 ...	5,669	19,984	282	277	28	20,233

(a) Difference between amounts collected in, and allocated to, the Isle of Man.

PROTECTIVE DUTIES

General.—These duties on imported goods serve to protect United Kingdom industries and to give preference to Commonwealth trade, and they have been imposed under various enactments. The various rates of duty are shown in the Customs and Excise Tariff.

Drawback.—Drawback of these protective duties is allowed on the exportation or shipment as stores of goods of certain descriptions; further details are also given in the Customs and Excise Tariff.

Exemptions.—Provision for the exemption from certain of these duties has been included in various Finance Acts; information concerning such exemptions is included in Table 81.

Imperial Preference.—In general, most goods grown, produced or manufactured in, and consigned from, the British Commonwealth, Burma and the Republic of Ireland are relieved of all or part of the burden of these duties. The significance of Imperial Preference in relation to these duties is shown in Tables 7 and 8 as well as in the tables following this introduction.

The charging Acts.—During the period covered by Table 80 these duties fell into five categories:—

(1) *Import Duties Act, 1932.*—Under this Act, the basic duty was the general *ad valorem* duty of 10 per cent. which was chargeable on all goods imported into the United Kingdom with the exception of:—

(a) Goods (other than beef and veal—see (3) below) charged with a Customs duty under any other Act, but not including composite goods consisting in part only of components so charged.

(b) Certain classes or descriptions of goods specifically exempted from duty under this Act, or from Customs duties generally.

On certain classes of goods, however, "additional" duties were chargeable together with the general *ad valorem* duty. In some cases, these duties were specific and not *ad valorem*, and where they were specific the rate was deemed to include the general *ad valorem* duty. In a few cases there were different rates for different periods of the year. On certain other classes of goods, reduced rates of duty, either *ad valorem* or specific, were chargeable in lieu of the general *ad valorem* duty.

In the case of composite goods, duty under this Act was, in general, chargeable only if and in so far as it exceeded the duty under other Acts on the components. Where some of the components of goods were liable to Key Industry Duty, however, duty under the Import Duties Act was the first charge, Key Industry Duty coming into operation only in so far as it exceeded this duty.

(2) *Ottawa Agreements Act, 1932.*—This Act imposed Customs duties on imports from non-Commonwealth sources of a number of products of a kind largely produced in the Commonwealth.

(3) *Beef and Veal Customs Duties Act, 1937.*—This Act imposed duties on beef and veal from non-Commonwealth sources. Such duties were additional to other duties to which any of the goods might have been liable.

(4) *Safeguarding of Industries Act, 1921.*—Under Part I of this Act, these Customs duties (usually known as the Key Industry Duties), were first imposed for the purpose of protecting domestic key industries (other than the dyestuffs industry which was protected by the prohibition of imports except under licence).

The goods liable to the duties were defined for the most part in general classes; from time to time, the Board of Trade issued statutory lists defining the articles falling within those general classes.

(5) *Duties on imported Silk and Artificial Silk goods.*—These duties derived from Section 4 of the Finance Act, 1925, Section 5 of the Finance Act, 1932, and Section 9 of the Finance Act, 1933. There were separate rates on cocoons and waste, raw silk, yarn, tissues of various kinds and made-up articles, and the rates of duty varied according to the weight or value of the silk or artificial silk component in the article and, in the case of certain tissues, according to the area of the tissue.

Scope of Tables.—For ease of reference Table 80 shows net receipts of duty from each of these main groups of Customs duties for the last five years; receipts in respect of the five preceding years are shown in Table 3. Tables 83 to 87 give details of the net values or quantities of goods entered for consumption on which duty has been paid, and certain other information of significance in relation to the individual duty.

TABLE 80.—Protective Duties: Net Receipts

		Import Duties Act, 1932	Ottawa Duties	Beef and Veal	Key Industry Duties	Imported Silk and Artificial Silk
1953-54	...	53,940,848	4,800,788	1,822,483	2,562,532	3,913,961
1954-55	...	62,190,764	5,832,860	2,537,387	3,625,637	5,119,486
1955-56	...	67,304,959	5,445,668	3,527,122	4,607,649	6,038,777
1956-57	...	71,967,469	5,179,252	3,646,323	3,559,202	5,943,577
1957-58	...	81,278,857	6,075,094	4,284,680	4,658,196	7,982,374

TABLE 81.—Goods admitted under Treasury Licence or Direction without payment of import duty: number of consignments and net revenue cost in the financial year 1957-58 (a)

Statutory authority	Description of goods	Number of con- signments	Net revenue cost
Sec. 10 Finance Act, 1932	Machinery	4,359	£ 5,077,650
Sec. 5(5) Finance Act, 1936	Instruments and apparatus charge- able with Key Industry Duty ...	3,466	1,052,200
Sec. 8 Finance Act, 1936...	Goods to be used in scientific research, for the advancement of learning or art, or for the promotion of sport	1,220	133,110
Sec. 16 Finance Act, 1949	Certain aircraft and parts and equipment	5,398	1,251,800
Sec. 11 Finance Act, 1950	Goods for industrial research ...	419	107,650
Sec. 7 Finance Act, 1951...	Goods for Blind Welfare ...	12	330
	Totals ...	14,874	7,622,740

(a) Government importations and postal importations, except those requiring formal entry, are excluded.

TABLE 82.—Goods admitted temporarily without payment of duty for process and subsequent re-exportation

(a) Goods which are imported temporarily solely for the purpose of undergoing a process which will not change their form or character, and which are subsequently to be re-exported, may under certain conditions be admitted without payment of duty. The facilities applied to goods chargeable with duty under the Import Duties Act, 1932 (except cinematograph film), under the Ottawa Agreements Act, 1932 and under the Safeguarding of Industries Act, 1921; and to yarns and tissues chargeable with silk or artificial silk duty.

(b) Relief from duty under the Import Duties Act, 1932, the Safeguarding of Industries Act, 1921, and from silk and artificial silk duty, was also allowed exceptionally in cases where goods were imported temporarily and were intended for re-export, but drawback and other provisions for giving relief from duty were inapplicable or inappropriate.

(c) This table gives details of goods admitted temporarily in 1957–58 for process under these provisions.

Description										Value of goods admitted
										£
<i>Class A. Food, Beverages and Tobacco</i>										
Cereals and cereal preparations	...	...	...	...	...	...	...	...	...	87,411
Other food	...	...	...	...	...	...	...	...	...	34,341
Total, Class A	...	...	...	...	...	...	...	...	...	121,752
<i>Class B. Basic Materials</i>										
Crude minerals: earth colours	...	...	...	...	...	...	...	...	...	46,360
Animal and vegetable oils, fats, greases and derivatives	...	...	...	...	...	...	...	...	...	104,452
Other basic materials	...	...	...	...	...	...	...	...	...	208,973
Total, Class B	...	...	...	...	...	...	...	...	...	359,785
<i>Class C. Mineral Fuels and Lubricants</i>										
Petroleum and Petroleum Products	...	...	...	...	...	...	...	...	...	3,646
Total, Class C	...	...	...	...	...	...	...	...	...	3,646
<i>Class D. Manufactured Goods</i>										
Chemicals—										
Drugs, medicines and medicinal preparations	...	...	...	...	...	...	...	...	...	735,592
Other chemicals	...	...	...	...	...	...	...	...	...	804,886
Leather, leather manufactures and dressed furs	...	...	...	...	...	...	...	...	...	455,900
Paper, paperboard and manufactures thereof	...	...	...	...	...	...	...	...	...	169,956
Woolen and worsted yarns and woven fabrics	...	...	...	...	...	...	...	...	...	52,210
Cotton yarns and woven fabrics—										
Yarns	...	...	...	...	...	...	...	...	...	26,593
Fabrics	...	...	...	...	...	...	...	...	...	5,064,750
Synthetic fibre yarns and woven fabrics	...	...	...	...	...	...	...	...	...	2,320,573
Miscellaneous textile manufactures	...	...	...	...	...	...	...	...	...	472,915
Miscellaneous non-metallic mineral manufactures	...	...	...	...	...	...	...	...	...	52,819
Silver, platinum and jewellery	...	...	...	...	...	...	...	...	...	35,219
Iron and steel	...	...	...	...	...	...	...	...	...	951,371
Manufactures of metal	...	...	...	...	...	...	...	...	...	159,493
Machinery other than electric—										
Aeroplane engines	...	...	...	...	...	...	...	...	...	473,614
Other machinery	...	...	...	...	...	...	...	...	...	1,314,574

continued on next page

TABLE 82.—Goods admitted temporarily without payment of duty, for process and subsequent re-exportation—concluded 209

Description	Value of goods admitted
	£
<i>Class D—continued</i>	
Electric machinery, apparatus and appliances	1,955,138
Railway vehicles	710,385
Road vehicles and aircraft—	
Complete aeroplanes	12,419,624
Other vehicles and parts of vehicles	977,006
Clothing, footwear, travel goods and handbags	199,341
Scientific instruments, photographic and optical goods, watches and clocks	1,048,251
Other manufactured goods	254,792
Total, Class D	30,655,002
GRAND TOTAL	31,140,185

TABLE 83.—Duties under Import Duties Act, 1932: Values or Quantities of Goods admitted free by Preference and Goods duty-paid; and Net Receipts

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class A: Food, Beverages and Tobacco</i>									
<i>Division 1: Live Animals Chiefly for Food—</i>									
TOTAL	£ 50,382	1,090	109	£ 60,726	£ 23	£ 2	£ 76,168	£ 226	£ 23
<i>Division 2: Meat and Meat Preparations—</i>									
Poultry and game, dead	18,818 lb.	18,667 lb.	1,867	3,874 lb.	4,040 lb.	404	2,449 lb.	6,169 lb.	617
Rabbits, fresh or frozen	16,413,470	9,501,162	118,764	15,583,058	6,062,520	75,782	13,437,526	9,862,379	123,280
Bacon (a)	1,212,787	78	2	1,842,339	854	85	1,936,091	10,670	1,067
Pork (excluding Offals), fresh, chilled or frozen (a)	—	—	—	1,284,823	40,999,928	4,099,988	5,916,509	73,532,882	7,353,278
Sausages of all kinds	778,355	721,982	—	1,090,707	1,883,041	188,304	1,690,639	2,154,708	215,470
Meat of all descriptions (excluding ex- tracts and essences, and sausages), in sight containers (b)	3,560,540 lb.	34,036,522 lb.	3,370,713	682,810 lb.	760,114 lb.	151,875	450,348 lb.	856,147 lb.	171,249
Poultry liver (except raw liver) and poultry and meat pastes, whether mixed or not; and meat pies	96	4,313,389	53,916	2,948,164 lb.	33,539,437 lb.	3,311,542	4,092,117 lb.	42,445,774 lb.	4,197,536
Extracts and essences (b)	£ 51	£ 350,704	64,126	£ 42	£ 269,591	46,593	£ 1,340	£ 296,502	50,050
Bladders, casings and sausage skins	22,412	658,604	65,860	20,588	295,334	29,533	42,347	411,358	41,136
Other meat and meat preparations	3,741,525	768,380	76,838	3,684,665	528,941	52,894	3,507,500	525,664	52,566
TOTAL	110,290	...	3,970,415	202,326	...	166,526	149,520	...	142,971
TOTAL ... ..	...	...	3,970,415	...	...	8,204,667	...	...	12,415,456

Division 3: Dairy Products and Eggs— (Rags not in shell) ... Other articles ... TOTAL ...									
2,372,854 797,465	2,382,485 ...	228,249 30,541	1,473,683 1,533,116	2,281,831 ...	228,185 28,815	2,324,371 972,199	2,431,539 ...	263,154 31,543	294,699
3,170,319	...	267,790	3,206,799	...	257,000	3,296,570	...	...	...
Division 4: Fish and Fish Preparations— Fish (not of British taking)— Fresh, chilled or frozen ... Cured or salted, not in airtight con- tainers ... Shell-fish, fresh or frozen ... Fish (including shell-fish) in airtight containers— Brisling and sardines ... Crab ... Salmon ... Other ... Other fish and fish preparations ... TOTAL ...									
571,584	5,752,135	575,122	662,715	7,083,124	708,315	768,464	7,840,279	784,029	...
17,049	79,659	7,966	21,014	67,306	6,732	24,094	78,319	7,832	...
178,707	705,962	94,124	166,802	898,142	117,400	165,989	1,061,090	130,038	...
—	2,104,336	210,436	29,144	2,913,383	291,337	21	2,324,935	232,494	...
—	2,033,905	203,420	—	2,581,100	258,110	—	2,515,923	251,592	...
1,573,438	4,461,217	223,066	2,730,828	6,755,841	338,079	2,307,289	8,036,010	431,564	...
(c) 80	(c) ...	220,619	(c) 288	(c) ...	276,020	1,658,093	2,409,315	230,478	...
...	...	32,741	...	...	33,696	358	...	39,749	...
...	...	1,567,494	...	...	2,029,689	4,924,308	...	2,107,776	...
Division 5: Cereals and Cereal Preparations (including seeds for sowing)— Barley ... Oats ... Sorghums (including milo, dari, durra, kafir corn or guinea maize) ... Meal and flour— Wheat (including semolina and wheat germ) ... Maize ... Wheat products other than meal and flour ... Other cereals and cereal preparations ... TOTAL ...									
17,451,794	1,321,786	132,448	20,993,502	4,404,937	449,486	11,348,693	10,249,469	1,024,947	...
{ Cwt. 836,811	Cwt. 205	21	192	(d) — 59	(d) — 6	61,715	Cwt. 203	20	...
£ 479,051	£ 43,688	6,553	Cwt. 406,767	Cwt. 20,705	3,106	569,331	£ 776,793	116,519	...
...	8,045,179	804,518	603,751	5,955,015	595,501	294,515	1,181,056	118,106	...
10,917,703	1,072,490	107,249	11,592,626	1,572,004	157,201	10,492,836	1,532,754	153,276	...
4,280,510	(d) — 23,542	(d) — 2,354	3,860,227	950	95	3,362,477	16,846	1,684	...
134,847	242,182	24,218	265,269	370,556	37,056	250,001	421,960	42,196	...
1,087,760	...	154,371	(c) ...	...	140,675	(c) ...	...	130,495	...
...	...	1,227,024	...	...	1,383,114	...	...	1,587,243	...

(a) Exemption from duty withdrawn 1st October, 1956.

(b) Certain of these goods are also liable under the Beef and Veal Customs Duties Act, 1937, and particulars of those duties will be found in Table 85.

(c) Partly value, partly quantity of various units.

(d) Excess of repayments.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class A—continued</i>									
<i>Division 6: Fruits and Vegetables—</i>									
<i>Fruit, fresh or raw—</i>									
Oranges...	742,741	7,476,819	747,681	918,910	9,892,750	989,275	1,420,968	8,850,808	885,081
Lemons...	354,991	1,770,705	177,060	392,913	1,662,073	166,217	683,962	1,434,585	143,459
Lemons, limes and other citrus fruit...	372,555	2,616,549	291,474	346,143	2,960,910	328,320	403,318	2,462,188	293,547
Grapes...	lb. 644	212,638	2,658	lb. 50	57,353	717	lb.	196,999	3,133
Cherries...	—	24,318	2,432	—	11,625	1,163	—	39,162	3,916
Peaches and nectarines...	£ 40	5,438,511	90,642	—	784,813	13,080	—	1,432,201	23,870
Pineapples...	—	1,179,648	117,965	—	551,582	55,158	—	723,983	72,998
Plums, greengages and damsons...	281,294	3,263	163	£ 281	4,035	202	£ 11	4,287	214
Strawberries...	2,043	54,014	5,402	226,026	67,390	6,759	430,800	54,614	5,462
Other fresh or raw fruit...	Cwt. 1,418	60,349	6,035	2,576	37,189	3,719	472	154,528	15,453
Nuts, edible—	£ 247	79,729	66,772	Cwt. 697	Cwt. 59,691	49,989	Cwt. 1,133	Cwt. 66,574	55,756
Almonds...	lb. 21,011	21,011	2,101	£ 11	25,224	2,523	£ 730	60,532	6,053
Brazil...	21,505	1,127,933	26,242	lb. 48,686	748,461	15,646	lb. 13,298	400,327	6,675
Walnuts...	£ 711,466	3,746,501	374,650	£ 413,488	£ 3,370,197	337,019	£ 37,353	3,538,079	353,808
Other nuts...	13,299	2,184,380	248,906	917	1,083,451	87,674	—	2,385,938	188,009
	500,195	1,033,665	103,367	—	20,022	(b) - 1,929	—	(b) - 2,256	(b) - 245
	1,134,909	803,365	80,537	(c) - 7,936	1,134,689	112,469	514,069	895,252	89,525
					264,765	26,477	8,339	344,430	34,441

	1,739,602	3,270	337	2,371,335	651	403	651	1,004,210	538	95
Concentrate, sterilized and thickened	...	...	...	...	...	...	...	...	...	...
Fruit dried or otherwise preserved	...	...	...	...	...	...	...	...	...	...
Dates	243	1,023,210	102,350	115	849,514	84,951	84,951	506,143	966,424	95,643
Other	557,029	3,921,325	563,023	542,899	3,489,713	494,939	494,939	7,608	4,293,367	617,024
	1,134	125,122	21,930	51,166	100,954	17,667	17,667	7,608	23,604	4,132
Cashew kernels, tinned	...	...	108	1,395,736	4,230	423	423	909,971	(b) -3,584	...
Fruit juice	915,430	686,102	91,974	699,898	942,665	121,192	121,192	945,577	1,209,090	166,129
Vegetables, fresh or preserved—	...	...	...	...	...	...	...	...	...	...
Fresh—	...	...	...	...	...	...	...	...	...	...
Potatoes	1,730,872	8,983,686	773,733	1,857,683	6,510,477	758,209	758,209	1,783,309	5,532,985	471,444

Onions	99,242	4,278,411	427,850	141,895	4,726,742	472,673	472,673	115,052	3,875,641	387,564

Tomatoes	16,078	1,280,467	298,787	8,631	1,464,443	341,709	341,709	1,670	1,348,295	314,601

	111,977	8,428,911	842,890	90,893	11,654,754	1,165,478	1,165,478	364,333	8,813,744	881,375

	159,242,555	53,316,946	817,726	136,100,829	68,715,436	944,537	944,537	154,461,072	61,631,440	883,500

Peas dried (including peas for sowing)	1,568,315	742,847	75,860	1,194,377	1,038,634	105,309	105,309	1,162,343	536,816	56,897

Beans dried (including beans for sowing)	196,586	2,663,923	266,393	356,567	3,720,538	372,054	372,054	251,235	5,236,774	523,677

Preserved in salt or brine	3,799	694,861	69,515	25,592	766,819	76,682	76,682	3,546	793,794	79,505

Preserved in airtight containers—	...	...	...	...	...	...	...	...	...	...
Tomatoes	38,258	7,480,449	748,044	64,478	9,387,387	938,793	938,793	53,023	9,156,675	915,662
Other	402,193	793,209	108,852	675,838	896,504	124,596	124,596	1,031,476	1,012,922	140,486

All other vegetables	...	...	...	...	...	...	...	...	...	...
Maize starch for use as food (not custard powder, etc.)	184,443	2,812,257	210,924	240,012	2,489,759	186,744	186,744	230,879	1,716,777	128,758
Tapioea, cassava and mandiocca	300,903	45,793	2,290	275,099	30,317	1,516	1,516	200,615	11,611	581
Other articles	452,771	...	361,378	368,603	...	423,641	423,641	577,243	...	473,761

TOTAL	...	...	9,287,923	...	...	9,904,337	9,904,337	...	9,380,035	938,035
Deduct drawbacks	...	...	9,035	...	...	5,014	5,014	...	...	10,391
NET TOTAL	...	...	9,278,888	...	...	9,899,323	9,899,323	...	...	9,369,642

(a) Partly value, partly quantity of various units.

(b) Excess of repayments.

(c) Adjustment of account for previous year.

continued on next page

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class A—continued</i>									
<i>Division 7: Sugar and Sugar Preparations—</i>									
Lactose (sugar of milk)	lb.	lb.	£	lb.	lb.	£	lb.	lb.	£
Sugar preparations	3,639,348	6,266	78	2,390,094	10,752	135	1,142,832	9,628	120
TOTAL	3,639,348	...	97,377	2,390,094	...	102,547	...	...	103,440
<i>Division 8: Cocoa Preparations and Spices—</i>									
TOTAL	(a)	...	87,240	(a)	...	128,866	(a)	...	127,734
<i>Division 9: Feeding Stuff for Animals and Food Wastes—</i>									
Barley, pollard, sharps and middlings ...	£	£	521,031	£	£	400,905	£	£	504,493
Oilseed cake and meal (excluding husk meal)	1,928,539	5,210,300	633,946	2,998,087	4,009,045	948,747	1,150,672	5,044,927	819,030
Other feeding stuffs	20,198,323	6,273,274	432,095	19,864,033	9,392,963	411,229	13,886,302	8,188,186	263,114
TOTAL	(a)	...	1,587,072	(a)	...	1,760,881	(a)	...	1,586,637
<i>Division 10: Miscellaneous Food Preparations—</i>									
Margarine and shortenings	76,767	5,655,990	565,599	84,782	4,212,898	421,298	18,169	1,454,971	145,497
Other articles	(a)	...	52,009	(a)	...	59,744	(a)	...	53,179
TOTAL ... ..	...	...	617,608	...	...	481,042	...	...	198,676
<i>Division 11: Beverages—</i>									
TOTAL	6	...	16,102	—	...	15,980	278	...	10,382
TOTAL, CLASS A ... ..	...	...	18,717,197	...	...	24,263,246	...	...	27,801,830

<i>Class B: Basic Materials</i>									
<i>Division 1: Hides, Skins and Fur Skins</i>									
<i>Unprocessed—</i>									
TOTAL	...	...	...	...	...	...	...	...	...
Deduct drawbacks	...	...	...	...	...	...	...	...	...
NET TOTAL	...	...	...	...	...	...	...	...	...
<i>Division 2: Oil-seeds, Oil Nuts and Oil</i>									
<i>Kernels—</i>									
Oil nuts and kernels	...	...	...	...	...	...	...	...	...
Soya beans	...	...	...	...	...	...	...	...	...
Oil seeds	...	...	...	...	...	...	...	...	...
TOTAL	...	...	...	...	...	...	...	...	...
Deduct drawbacks	...	...	...	...	...	...	...	...	...
NET TOTAL	...	...	...	...	...	...	...	...	...
<i>Division 3: Rubber, Including Synthetic and</i>									
<i>Reclaimed—</i>									
TOTAL	...	...	...	...	...	...	...	...	...
Deduct drawbacks	...	...	...	...	...	...	...	...	...
NET TOTAL	...	...	...	...	...	...	...	...	...
<i>Division 4: Wood and Cork—</i>									
Coniferous, hewn or sawn	...	...	...	...	...	...	...	...	...
Non-coniferous—	...	...	...	...	...	...	...	...	...
Hewn	...	...	...	...	...	...	...	...	...
Sawn	...	...	...	...	...	...	...	...	...
Beech	...	...	...	...	...	...	...	...	...
Oak	...	...	...	...	...	...	...	...	...
Other	...	...	...	...	...	...	...	...	...
Sleepers	...	...	...	...	...	...	...	...	...
Planed or dressed	...	...	...	...	...	...	...	...	...
Other wood and cork	...	...	...	...	...	...	...	...	...
TOTAL	...	...	...	...	...	...	...	...	...
Deduct drawbacks	...	...	...	...	...	...	...	...	...
NET TOTAL	...	...	...	...	...	...	...	...	...

(a) Partly value, partly quantity of various units.

(b) Excess of repayments.

continued on next page

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56				1956-57				1957-58			
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts			
<i>Class B—continued</i>												
<i>Division 5: Pulp and Waste Paper—</i>												
TOTAL	£ 7,669	£ 59,915	£ 5,991	£ 7,778	£ 7,587	£ 721	£ 2,308	£ 3,251	£	£ 325		
<i>Division 7: Wool and other Animal Hair and Tapes—</i>												
Hatters' fur	29,544	769,727	76,973	64,767	572,236	44,230	57,979	587,313		29,314		
Other	(a)	(a)	20,978	(a)	212,396	21,233	(a)	188,992		17,009		
TOTAL ... ..	...	...	97,951	...	784,632	65,463	...	776,305		46,323
Deduct drawbacks ... ..	...	...	14,362	...	...	9,555	...	...		15,344
NET TOTAL ... ..	...	...	83,589	...	...	55,908	...	...		30,979
<i>Division 8: Cotton—</i>												
TOTAL	—	(a)	14,724	—	(a)	1,809	—	(a)		1,724		
<i>Division 9: Miscellaneous Textile Fibres and Waste—</i>												
Sisal	5,932,254	430	43	4,813,456	9,273	928	4,629,067	4,765		477		
Coir Fibre	827,611	99	10	825,016	2,487	249	963,583	429		43		
Other	47,596	13,894	1,384	53,919	9,369	933	51,088	6,610		678		
TOTAL	6,807,461	14,423	1,437	5,692,391	21,129	2,110	5,643,738	11,804		1,198		
<i>Division 10: Crude Fertilisers and Minerals, excluding Fuels—</i>												
Fertilisers	305,022	368,911	36,891	367,662	329,079	33,187	265,881	277,936		27,515		
Asphalt and bitumen sand	368,281	618,936	61,893	363,106	573,557	57,356	393,723	560,283		56,039		
TOTAL	8,914	365,202	36,523	9,727	476,372	47,637	38,658	485,433		46,344		

	Clay	... ..	5,375	596,039	59,608	14,040	585,009	58,501	32,037	619,007	61,901
Abrasives	1,363	201,634	20,163	135	177,880	17,788	—	198,878	19,888
Marble	980,895	98,101	3,229	1,031,916	93,374	2,182	832,497	83,249
Asbestos	158,799	15,880	11,204	223,698	22,370	10,403	25,417	2,543
Graphite (plumbago) natural	501,851	50,185	138,424	375,204	37,521	83,086	255,158	25,516
Barytes	75,625	534,019	53,402	40,357	470,595	47,060	70,534	393,469	39,349
Diatomaceous earth	25,410	658,892	65,889	34,519	627,053	62,705	38,041	785,061	78,507
Earth colours	92,065	69,874	6,980	74,238	79,389	7,943	83,939	102,920	10,292
Other	1,006,817	585,144	51,929	1,107,421	587,160	52,910	1,250,721	1,052,374	97,456
TOTAL	13,243,804	5,640,196	557,443	13,447,715	5,536,912	538,352	12,661,660	5,586,433	529,880
<i>Division II: Metalliferous Ores and Metal Scrap—</i>											
TOTAL	373,025	5,313	589	643,601	45,693	4,570	606,224	35,371	3,553
<i>Division I2: Miscellaneous Animal and Vegetable Crude Materials—</i>											
Bones and bone pieces	1,103,594	211,611	21,161	986,424	194,903	19,491	1,014,502	170,911	17,091
Feathers for bedding and upholstery	90,770	254,873	25,498	123,513	227,513	23,534	102,037	180,081	18,053
Sponges	3,668	95,527	9,553	6,302	94,671	9,501	9,101	93,469	9,313
Gums and resins	237,248	88,951	8,895	165,177	123,530	12,353	114,906	107,779	10,778
Canes and rattans	127,712	510,887	51,087	137,582	555,922	49,437	139,511	701,765	63,194
Drugs, raw or simply prepared	786,412	822,209	82,247	864,722	329,186	32,919	975,052	307,548	30,754
Seeds for sowing	—	18,965	280	—	10,833	191	lb.	13,782	189
Bulbs, rhizomes, corns and tubers	943,019	£ 1,833,040	183,305	1,601,177	£ 2,027,529	202,750	£ 1,372,939	£ 1,996,481	199,651
Trees, shrubs, bushes and plants, flowers and foliage	79,780	3,781,985	378,203	139,817	3,779,795	377,976	151,300	3,899,099	389,911
Agar-agar	(a)	(a)	26,108	(a)	381,486	(a)	(a)	445,135	(a)	(a)	477,373
TOTAL	26,108	238,466	23,847	30,333	297,761	29,776	36,401	249,657	24,966

(a) Partly value, partly quantity of various units.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class B—continued</i>	£	£	£	£	£	£	£	£	£
<i>Division 12—continued</i>									
Fibres for brush-making, not assembled	437,609 (a)	106,271	10,627	453,422 (a)	93,592 (a)	9,359	440,466 (a)	107,964 (a)	10,796
All other articles ... ..	...	...	82,234	...	...	144,554	...	...	200,996
TOTAL ... ..	...	...	1,252,953	...	...	1,356,976	...	...	1,453,065
<i>Deduct drawbacks</i> ... ..	...	...	33,281	...	...	14,782	...	...	9,780
Net TOTAL ... ..	...	...	1,219,672	...	...	1,342,194	...	...	1,443,285
<i>Division 13: Animal and Vegetable Oils, Fats, Greases and Derivatives—</i>									
Animal oils and fats—									
Fish and marine animal	1,089,030	473,783	47,380	479,002	452,373	45,238	535,789	391,885	39,189
Animal (excluding marine)	3,335,000	1,264,817	126,482	3,980,218	1,573,131	157,313	3,786,711	1,087,437	108,744
Vegetable oils (excluding essential), not hydrogenated—									
Cotton seed oil, unrefined	530,692	(b) — 79	(b) — 8	738,715	153,709	15,371	467,236	(b) — 1,509	(b) — 151
Olive oil—									
Unrefined	30,855	45,916	4,592	8,149	32,043	3,204	4,027	(b) — 4,567	(b) — 457
Refined	8,008	547,700	54,770	11,516	648,901	64,890	21,605	552,861	55,286
Palm oil	15,276,179	148,014	14,801	18,778,413	(b) — 840	(b) — 84	16,252,094	(b) — 437	(b) — 43
Sunflower seed oil	13,725	23	5	29,633	1,600	240	113,688	450	67
Other vegetable oils	514,982	283,759	30,281	1,091,621	501,699	50,945	1,619,965	221,915	24,278

Other articles	...	...	...	554,618	...	72,552	510,218	...	71,068	561,079	...	69,661
TOTAL	...	...	...	21,353,089	...	350,855	25,627,485	...	408,185	23,362,194	...	296,574
Deduct drawbacks	...	...	...	...	...	...	...	...	1,163	...	...	6,328
NET TOTAL	...	...	...	21,353,089	...	350,855	25,627,485	...	407,022	23,362,194	...	290,246
TOTAL, CLASS B	...	...	...	...	...	4,828,548	...	...	4,617,578	...	...	4,879,087
<i>Class C: Mineral Fuels and Lubricants</i>												
<i>Division 1: Coal, Coke and Briquettes—</i>												
TOTAL	...	...	...	71,515	30,576	6,005	80,246	51,324	8,597	105,662	36,975	7,382
<i>Division 2: Petroleum and Petroleum Products—</i>												
Petroleum	...	...	...	629,497	...	62,949	...	665,118	66,512	...	427,238	42,723
Paraffin wax	...	...	...	1,629,977	...	162,998	1,014,405	1,746,209	174,620	726,712	1,039,603	103,962
Other petroleum and petroleum products	...	...	...	...	...	139,374	301,041	...	123,432	436,536	...	141,549
TOTAL	...	...	...	988,884	...	365,321	1,315,446	...	364,564	1,163,248	...	288,234
TOTAL, CLASS C	...	...	...	1,060,399	...	371,326	1,395,692	...	373,161	1,268,910	...	295,616
<i>Class D: Manufactured Goods</i>												
<i>Division 1: Chemicals—</i>												
Chemical elements and compounds	...	...	...	(a)	(a)	1,868,567	(a)	(a)	1,815,736	(a)	(a)	2,279,832
Dyeing, tanning and colouring materials—	...	...	...	...	...	...	...	...	...	...	...	...
Extracts for tanning	...	...	...	832,489	...	83,250	2,389,967	712,204	71,262	2,136,369	696,615	69,763
Pigments and extenders, dry	...	...	...	353,157	...	68,465	311,164	375,112	69,981	218,893	482,982	88,621
Other	...	...	...	327,503	...	56,882	57,567	419,761	70,939	83,880	533,381	83,229
Drugs, medicines and medicinal preparations	...	...	...	4,339,542	...	433,998	143,143	5,003,590	500,533	88,546	3,956,770	395,689
Essential oils, other than turpentine	...	...	...	1,523,141	...	152,313	1,062,043	1,475,714	150,727	828,481	1,452,369	157,319
Perfumery and toilet preparations	...	...	...	229,998	...	34,941	805	294,955	44,320	1,028	220,209	33,616
Fertilisers, manufactured	...	...	...	1,349,070	...	139,931	44	1,347,791	141,050	1,209	1,541,560	158,306
	...	...	...	Tons	...	23,973	Tons	Tons	Tons	Tons	Tons	Tons
	...	...	...	5,992	...	...	7	70,836	283,346	19	80,097	320,397

(a) Partly value, partly quantity of various units.

(b) Excess of repayments.

continued on next page

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 1—continued</i>									
Plastics materials ...	1,100,067	10,474,583	1,052,881	501,603	10,159,975	1,019,676	1,622,440	12,657,621	1,268,147
Starch and preparations therefrom—									
Maize and milo starches, not for use as food ...	625	2,925,116	219,387	10,352	2,764,039	207,344	22,612	2,293,678	172,064
Dextrine ...	—	864,226	86,423	5	862,618	86,262	—	938,714	93,872
Other ...	1,120,395	255,712	18,965	1,132,370	299,461	21,489	963,549	263,741	20,733
	—	Cwt.	4,168	—	Cwt.	4,475	—	Cwt.	1,965
	—	11,110	—	—	11,936	—	—	5,240	—
Casein ...	1,023,529	1,388,998	138,899	1,005,533	1,123,454	112,345	842,907	1,271,884	127,188
Gelatin, edible ...	94,050	464,578	92,775	134,169	319,776	63,951	158,720	268,958	53,741
Gelatin capsules, empty (a) ...	—	—	—	—	—	—	—	18,165	3,633
Gelatin (technical) and glue and size ...	19,808	304,492	60,811	25,633	273,735	54,591	55,523	366,842	72,720
Other articles ...	936,446	...	494,270	1,087,871	...	542,310	1,308,493	...	622,694
TOTAL ...	...	...	5,030,899	...	...	5,260,337	...	...	6,023,529
Deduct drawbacks ...	—	...	125,069	...	...	106,734	...	...	134,067
Net TOTAL ...	...	...	4,905,830	...	...	5,153,603	...	...	5,889,462
<i>Division 2: Leather, Leather Manufactures and Dressed Furs—</i>									
Leather—									
Undressed ...	13,379,443	210,937	21,094	11,126,639	155,524	15,627	11,630,496	105,087	10,509
Dressed ...	3,414,729	2,131,752	373,866	4,164,830	1,701,005	296,925	4,603,433	1,566,613	272,099
Other leather and leather goods, not elsewhere specified ...	617	250,606	26,644	4,034	303,948	31,835	10,321	315,526	33,161

Fur and other skins, dressed, and manufactures thereof	410,728	308,034	48,477	427,318	332,888	52,831	451,936	390,317	64,321
All other articles	29,151	103,788	20,820	57,976	186,623	37,342	57,500	332,277	66,594
TOTAL	440,879	411,822	69,297	485,294	519,511	90,173	509,436	722,594	130,915
Deduct drawbacks	17,234,668	3,005,117	490,901	15,780,797	2,679,988	434,560	16,753,686	2,709,820	446,584
NET TOTAL	17,234,668	...	437,405	15,780,797	...	362,108	16,753,686	...	383,076
Division 3: Rubber Manufactures—									
Sheets and sheeting, wholly of rubber or synthetic rubber	129,458	859,087	86,659	151,983	1,012,351	101,327	144,606	1,035,142	103,613
Rubber tyres and tubes	—	402,440	133,979	168	353,203	113,290	786	531,360	162,408
Other rubber manufactures	54,834	(b) 722	(b) 160	281,499	...	70,727	24,725	...	69,335
TOTAL	184,292	...	297,738	433,650	...	285,344	170,117	...	335,356
Division 4: Wood and Cork Manufactures (excluding furniture)—									
Veneers	131,972	4,958,860	495,955	203,224	3,982,552	398,544	123,045	3,604,342	360,461
Plywood	2,629,064	18,653,942	1,865,425	2,754,874	12,385,145	1,238,769	3,169,902	16,973,481	1,697,467
Fibre building board	658,080	5,668,822	1,133,790	703,063	5,829,290	1,165,884	1,112,281	6,326,617	1,265,231
Slaves of all dimensions, not further prepared than sawn	1,623	632,133	63,232	9,345	507,376	50,927	11,150	832,867	83,309
Wood wood	—	16,385	34,709	10	15,962	43,879	642	14,002	38,521
Boxboards, softwood, sawn or planed, not dovetailed	82	3,510,263	351,276	—	3,344,175	334,557	243	3,051,685	305,169
Wooden containers (boxes, barrels, etc.), not elsewhere specified	28,440	678,436	134,896	84,654	499,410	99,869	69,520	561,987	112,401
Builders' woodwork—									
Doors	62	203,557	30,533	6,153	227,360	34,104	16,131	219,132	32,870
Other builders' woodwork	500,333	399,416	68,872	520,090	344,855	58,954	546,742	437,678	74,662
Domestic woodware	25,865	737,680	147,465	13,347	666,990	129,645	19,295	568,697	100,017

(a) Not separately distinguished prior to 1st January, 1958.

(b) Goods duty-paid at preferential rates.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56				1956-57				1957-58			
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts			
<i>Class D—continued</i>	£	£	£	£	£	£	£	£	£			
<i>Division 4—continued</i>												
Other wood manufactures	1,062,421	3,223,019	497,654	963,593	...	460,575	1,263,453	3,383,140	497,370			
Cork manufactures	486	2,835,769	338,941	368	2,690,907	324,848	793	2,543,184	297,975			
TOTAL	5,038,428	...	5,162,748	...	...	4,340,555	...	...	4,865,453
Deduct drawbacks	—	...	37,331	—	...	35,366	—	...	36,362			
Net TOTAL	5,038,428	...	5,125,417	...	...	4,305,189	...	...	4,829,091
<i>Division 5: Paper, Paperboard and Manufactures thereof—</i>												
Paper and paperboard—												
Not coated—												
Printing paper, not machine glazed	72,047	108,964	21,785	108,130	116,528	21,610	96,490	193,870	35,763			
Writing or duplicating paper in large sheets, not machine glazed...	48,101	212,369	35,475	59,358	142,677	23,884	103,896	147,317	24,553			
Kraft paper—												
Machine glazed	404,408	4,494,419	748,611	420,637	3,963,018	617,448	289,168	4,050,900	567,245			
Other	462,460	5,467,986	911,877	1,754,338	4,126,401	639,322	2,135,287	6,319,634	888,084			
Strawpaper and strawboard	221,566	322,599	64,520	190,477	132,179	25,961	231,884	126,795	23,250			
Other machine glazed paper (10 lb. or more per ream, not for yarn spinning)—												
Pure sulphite	40,060	1,860,132	310,393	8,530	1,461,285	227,769	14,163	1,434,766	200,932			
Other	6,352	1,032,491	173,307	5,009	812,562	127,621	14,351	949,419	134,755			
Board—												
Machine glazed	129,982	1,437,545	287,332	76,016	1,540,266	307,982	62,951	2,017,528	403,306			

Not machine glazed— Folding box board Kraftboard in reels Strawboard (over 90 lb. per ream) Leatherboard and imitation leatherboard Wood pulp board, not machine glazed Paper coated (except hangings, etc.) Board coated (except hangings) Vulcanised fibre Cigarette paper, in bobbins, reels and sheets Paper, not coated— Machine glazed— For spinning into yarn Other weighing less than 10 lb. per ream Other than machine glazed— Greaseproof Glazed transparent paper Boxes and cartons Stationery Other paper, paperboard and manufac- tures	488,063 305,128 28,721 — 102,942 14,776 9,847 — — 42 — 185 — 248,859 44,616 1,844,102	2,006,184 4,264,143 4,642,136 311,261 466,519 147,802 421,616 272,789 256,717 — 297,545 2,459,859 3,361,114 386,585 75,177 46,714 3,621,208	601,216 646,991 810,735 62,246 93,303 28,375 84,322 40,921 42,899 — 29,757 410,311 560,535 77,249 15,006 9,337 687,217	1,555,147 3,456,171 3,221,538 208,713 419,530 175,995 307,273 221,095 173,998 — 361,673 1,789,868 3,405,058 296,520 74,690 65,231 2,697,566	231,050 519,580 566,440 41,211 83,906 32,592 61,456 31,153 29,221 — 36,167 279,376 529,867 59,413 14,938 11,870 503,168	599,028 694,464 28,793 12,055 174,445 32,062 12,840 — 2 — 982 9,600 12 3 276,264 45,011 1,795,774	694,796 5,024,299 3,365,846 206,366 302,170 264,323 423,522 311,879 175,992 — 257,297 1,739,518 3,290,499 370,584 85,595 79,867 3,077,400	138,939 755,173 592,727 41,656 60,434 47,215 84,704 39,140 29,806 — 25,731 244,501 461,079 74,138 17,121 11,806 573,650
TOTAL	4,472,257	38,973,914	6,753,720	30,324,982	5,023,005	34,910,182	6,629,525	5,475,928
Deduct drawbacks	—	—	41,672	—	45,928	—	—	56,485
Net Total	4,472,257	—	6,712,048	6,820,810	4,977,077	—	6,629,525	5,419,443
Division 6: Woollen and Worsted Yarns and Woven Fabrics— Woollen and worsted yarns Woollen and worsted woven fabrics	357,744 563,948	1,256,142 2,546,968	96,422 446,443	664,208 802,857	1,074,102 2,235,262	82,718 392,070	1,068,636 915,952	83,591 462,922
TOTAL	921,692	3,803,110	542,865	1,467,065	3,309,364	474,788	1,984,588	546,513
Deduct drawbacks	—	—	31,164	—	—	33,126	—	4,464
Net Total	921,692	—	511,701	1,467,065	—	441,662	1,984,588	542,049

continued on next page

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 7: Cotton Yarns and Woven Fabrics—</i>	£	£	£	£	£	£	£	£	£
Cotton yarns	791,710	1,041,014	78,077	2,347,109	1,000,745	75,055	2,280,697	755,364	56,652
Finished thread for sewing, crocheting, etc.	837	15,379	1,334	11,445	12,089	1,027	3,231	19,087	1,660
Woven cotton fabrics of standard type (i.e. excluding laces, ribbons, small-ware, embroidery and special fabrics)	10,735,491	5,529,109	909,525	13,077,350	6,501,078	1,138,519	16,705,718	8,640,374	1,512,919
TOTAL	11,528,038	6,585,502	988,936	15,435,904	7,513,912	1,214,601	18,989,646	9,414,825	1,571,231
Deduct drawbacks	—	...	47,984	—	...	40,921	—	...	52,805
NET TOTAL	11,528,038	...	940,952	15,435,904	...	1,173,680	18,989,646	...	1,518,426
<i>Division 8: Synthetic Fibre Yarns and Woven Fabrics—</i>									
Duty included under "Balance of duty on Silk and Artificial Silk goods, collected under the Import Duties Act, 1932" at the end of this class.									
<i>Division 9: Miscellaneous Textile Manufactures—</i>									
Cotton yarn	597,592	358	36	599,420	248	25	549,826	(a) —200	(a) —20
Jute yarn	282,935	40,884	4,113	153,891	14,920	1,492	237,005	15,943	1,624
Linens and hemp fabrics (including flax or hemp mixed with other materials), if known as "linens"	115,032	40,504	7,136	80,953	32,375	5,748	91,410	36,294	6,484

Jute fabrics	6,081,529	47,180	9,436	5,733,067	86,336	11,265	3,393,003	40,644	8,129
Embroidery and embroidered articles, except clothing	103,551	1,282,197	320,554	243,806	1,565,651	391,394	440,728	1,629,958	407,520
Cordage, cables, ropes, including manufactures thereof	209,391	20,496	1,682	263,533	48,329	5,561	333,697	50,303	6,408
Sacks, of jute	2,390,865	19,520	3,809	1,800,046	2,051	181	1,919,611	16,559	3,260
Made-up cotton goods, not embroidered	1,272,682	657,719	124,946	1,574,210	659,452	125,132	1,746,506	508,284	96,411
Carpets, mats, etc.	127,538	108,011	21,602	95,006	59,509	11,902	128,646	64,634	12,926
Of wool and wool mixed with other materials	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.
	1,162,213	40,200	9,022	1,206,382	39,203	8,808	1,373,159	54,987	12,361
Faced wholly with cotton	2,646	2,627,658	525,530	6,355	3,223,463	644,705	3,524	2,095,597	419,119
Coir mats, coir matting and coir matting rugs	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.
	3,618	1,361	69	148	1,978	99	10,286	1,482	74
Other	1,656,080	1,863	372	1,634,771	43	9	1,528,522	371	74
	214,066	244,013	39,430	229,111	303,750	51,448	210,974	286,093	44,161
	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.	Sq. yds.
	54,628	933	47	19,639	72	4	11,805	1,906	95
Other articles	(b)	(b)	227,670	681,844	(b)	257,579	564,188	(b)	270,485
TOTAL	...	...	1,295,454	...	...	1,515,352	...	...	1,289,111
Deduct drawbacks	...	...	6,997	...	...	4,816	...	...	4,991
NET TOTAL	...	...	1,288,457	...	...	1,510,536	...	...	1,284,120
Division 10: Miscellaneous Non-Metallic Mineral Manufactures—									
Cement, calcareous	338,868	131,732	6,586	400,484	108,044	5,403	254,419	93,241	4,663
Stones and slates—									
Granite	34,066	68,954	15,454	66,539	81,578	16,235	106,277	93,455	17,744
Marble (other than works of art, tiles and mosaic cubes)	392	112,015	22,081	6,726	156,004	29,209	14,132	177,658	29,805
Other stones and slates	1,085	158,437	14,703	445	133,352	11,500	1,188	123,946	10,602

(a) Excess of repayments.

(b) Partly value, partly quantity of various units.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 10—continued</i>									
Clay construction materials and refractory construction materials—									
Bricks of brick earth or clay ...	£ 248	£ 6,170	£ 617	£ 113	£ 4,084	£ 408	£ —	£ 781	£ 78
Tiles ...	Sq. yds. 833	Sq. yds. 233,782	43,352	2,256	Sq. yds. 220,668	40,033	1,759	191,437	33,676
Other ...	11	£ 349,401	40,884	—	£ 177,831	21,005	Sq. yds. 24	Sq. yds. 50,044	6,381
Abrasive, manufactured	£ 463	£ 570,205	56,309	£ 43,994	£ 708,759	69,546	£ 46,553	£ 752,262	74,259
Glass and glassware—	31,810	278,431	40,179	25,985	307,108	45,523	42,992	497,662	72,581
Plate and sheet glass ...	2,588	1,174,254	183,065	1,258	1,209,496	188,115	2,258	1,525,943	236,985
Glass bottles and jars ...	112,498	273,385	67,716	123,410	223,296	55,466	247,852	244,762	61,043
Domestic and fancy glassware	59,709	1,302,626	344,833	41,526	1,170,432	303,752	40,462	1,548,262	407,566
Other glass and glassware	7,437	459,459	59,445	2,129	527,852	67,326	3,191	481,098	61,810
Pottery, domestic—									
Earthenware ...	Cwt. 65	66,284	13,562	6	33,460	6,828	Cwt. —	30,766	6,190
China, including translucent pottery	£ 1	£ 51,838	64,801	109	£ 39,939	49,929	£ 1,051	£ 51,699	64,549
Other articles	Cwt. 12	6,710	1,382	—	£ 9,023	1,866	Cwt. 16	Cwt. 7,228	1,496
	£ 626,267	6,101	7,631	£ 25	£ 8,071	10,081	£ 401,353	£ 9,919	12,404
TOTAL	...	(a)	118,560	500,313	931,335	135,396	...	1,027,204	146,027
Deduct drawbacks	...	...	1,101,160	...	...	1,057,621	...	...	1,247,839
Net TOTAL	...	...	4,600	...	...	3,333	...	...	4,344
	...	...	1,096,560	...	...	1,054,288	...	...	1,243,515

Division 11: Silver, Platinum and Jewellery— Goldsmiths' and silversmiths' wares Jewellery Of gold, platinum and silver Of other metals... Other articles	2,322	£	4,263	5,340	20,634	3,819	3,796	27,717	7,410
...	5,076	15,872	14,786	5,567	71,679	17,920	2,916	58,018	14,507
...	188,074	1,641,687	410,331	253,611	1,331,883	333,074	337,692	1,461,971	365,472
...	—	17,398	1,746	1,176	18,573	1,861	—	23,980	2,450
TOTAL	195,472	1,734,096	431,126	265,694	1,442,769	358,674	344,404	1,571,686	389,839
Deduct drawbacks	—	...	5,427	—	...	4,405	—	...	5,389
NET TOTAL	195,472	...	425,699	265,694	...	354,269	344,404	...	384,450
Division 12: Iron and Steel— Ferro-alloys Blooms, billets and slabs Bars and rods Angles, shapes and sections Plates and sheets Hoop and strip Wire, single (not insulated)	126,768 129,556 642,193 5 24,334 — 37,979 1,107	174,257 2,091 89,448 101,790 29,613 — 120,921 457,620	21,861 522 17,885 25,404 7,405 1 24,185 146,582	74,371 309,216 1,445,616 22,825 7,813 — 123,512 74,901	587,698 492 30,435 99,651 (b)—20,748 Tons £ 145,260 331,281	162,121 123 4,882 23,655 (b)—5,706 5 26,573 94,382	10,604 321,056 1,107,997 44,754 10,905 134,424 — 41,160 Tons £ 324,779 4,519 91,113	178,326 1,756 233,307 Tons £ 421,017 80,836 367,077 Tons 34 311,179 — 3,255,482 116,422 137,962	17,833 439 35,122 87 104,020 19,940 55,106 275 72,261 — 633,089 29,104 36,928 1,004,204
TOTAL	995,211	2,723,162	532,494	2,236,755	...	738,874	...	...	...
Division 13: Non-Ferrous Base Metals— Copper and copper alloys Nickel and nickel alloys Aluminium and aluminium alloys	1,299,885 210 2,734,674	614,751 107,653 569,488	83,005 11,452 105,452	253,544 111 4,260,184	347,645 87,407 631,694	42,853 11,647 116,680	419,449 3,919 1,869,979	352,419 112,506 803,221	45,078 12,848 149,248

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1935-36			1936-37			1937-38		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 13—continued</i>									
Lead and lead alloys ...	179 Tons 171,482	1,606 Tons 30,434	321 11,413	11,226 Tons 216,945	1,632 Tons 17,081	327 6,405	16,919 Tons 170,368	3,565 Tons 14,248	711 5,342
Zinc and zinc alloys ...	— Tons 105,787	134,029 Tons 57,105	19,858 85,658	1,038 Tons 89,954	87,855 Tons 59,540	11,115 89,315	5,681 Tons 113,641	75,521 Tons 63,571	11,815 95,359
Cadmium, unwrought ...	575,104 £	403,666 £	40,367	657,833 £	326,700 £	32,670	759,107 £	379,890 £	37,989
Other ...	1,386,866	1,097,938	111,009	997,463	357,977	36,805	575,442	672,685	67,372
TOTAL ...	...	...	468,535	...	...	347,817	...	...	426,638
Deduct drawbacks ...	—	—	—	—	—	8,436	—	—	7,789
NET TOTAL ...	...	...	468,535	...	...	339,381	...	...	418,849
<i>Division 14: Manufactures of Metals—</i>									
Arms, ammunition and military stores and appliances (excluding explosives and sporting, etc., ammunition) ...	11,556	414,255	91,544	463,422	523,345	113,940	1,288,043	265,052	65,343
Finished structural parts (including assembled structures) ...	351	536,612	66,583	3,314	916,093	112,286	19,628	698,830	124,687
Stranded wire of two or more ply (including barbed wire), of iron and steel ...	—	12,899	4,300	4,874	688	188	1,170	3,036	775
Nails, bolts, nuts, washers, rivets, screws, etc. ...	36,047	(a)	57,764	(a)	(a)	51,678	(a)	(a)	63,068
Implement and tools and parts thereof	36,047	(a)	583,074	40,779	(a)	613,062	42,005	(a)	782,870

Hollow-ware, domestic	...	2,618	128,664	25,732	2,457	147,020	29,470	154,657	30,922
Knives	...	7,196	56,030	11,206	1,038	76,519	15,315	114,370	22,934
	...	—	22,440	2,244	201	37,531	3,710	34,949	3,475
Scissors	...	5,452	61,495	12,299	3,946	67,344	13,471	66,856	13,371
	...	57,811	51,000	8,546	56,971	42,305	7,125	18,904	3,260
Razors (including safety razors) and parts, blades and blanks therefor	...	—	20,063	4,901	42	20,216	5,729	44,388	11,045
	...	6,987	32,872	48,236	278	70,726	28	116,272	65,317
Hardware, other than hollow-ware	...	—	242,082	48,236	24,002	294,817	58,528	331,695	4,868
	...	—	70,497	3,736	—	86,470	4,431	90,844	96,649
Hollow-ware, other than domestic	...	125,037	362,093	49,642	109,167	443,147	62,326	566,291	453
	...	18,144	10,317	21	—	162,029	338	217,345	142,843
Stoves, grates, etc.	...	1,888	540,426	107,525	4,075	732,887	146,507	715,258	53,722
Chains (excluding wire chains), of iron and steel	...	6	170,214	40,060	1,879	122,420	19,969	263,241	31,013
Lead capsules, of a description commonly used on bottles, etc.	...	2	121,748	22,527	—	147,678	27,082	170,845	45,824
	...	1	51,094	30,013	—	59,165	45,409	64,518	868,295
Wire manufactures	...	6,637	91,202	430,323	9,713	143,330	586,163	146,120	(b) 4
Other	...	(a)	(a)	(a)	(a)	...	...	(b) 28	2,430,738
TOTAL	...	...	1,600,276	12,148	...	1,916,817	74,521	...	95,418
Deduct drawbacks	...	—	—	—	—	—	—	—	2,335,320
NET TOTAL	...	...	1,588,128	...	...	1,842,296	...	...	...

(a) Partly value, partly quantity of various units.

(b) Goods duty-paid at preferential rates.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 15: Machinery other than Electric—</i>									
Power generating machinery ...	£ 77,861	£ 2,346,198 (a) 24,279	£ 511,615 (a) 5,396	£ 40,162	£ 2,764,241 (a) 15,166	£ 564,338 (a) 3,272	£ 76,550	£ 3,850,751 (a) 7,710	£ 821,223 (a) 1,542
Agricultural machinery—									
Dulry ...	20,049	196,915	30,775	18,459	231,979	34,001	23,118	271,626	39,748
Other ...	243,970	2,264,900	340,531	189,321	1,715,192	257,683	135,226	2,365,697	355,179
		(a) 1,724	(a) 383		(a) 676	(a) 138			
Tractors and parts therefor ...	4,251	1,362,115	245,192	40	1,037,784	186,290	413	1,719,989	302,734
		(a) 3,452	(a) 767		(a) 818	(a) 180		(a) 3,766	(a) 753
Office machinery—	1,602	204,394	40,879	2,660	225,428	45,084	2,997	275,353	55,069
	lb.	lb.		lb.	lb.		lb.	lb.	
Typewriters and parts (including cases)	7,627	202,301	35,402	3,227	225,493	39,463	536	170,695	29,871
		No.		No.	No.			No.	
	£ 512	£ 1,140,356	173,842	£ 5,933	£ 1,144,361	173,767	£ 4,055	£ 1,545,033	234,651
Accounting, etc. ...	19,918	977,317	171,032	7,805	1,236,175	216,332	5,555	938,562	164,248
	£ 5,704	£ 2,900,777	399,145	£ 21,045	£ 4,028,048	557,747	£ 35,087	£ 5,140,798	689,100
	lb.	lb.			lb.		lb.	lb.	
Other ...	39	692	121		3,177	556	£ 1,504	£ 676	118
Metal-working machinery—									
Machine tools (excluding portable power tools) ...	43,898	10,327,898	2,065,370	428,747	13,605,902	2,550,665	295,109	8,418,286	1,426,982
Rolling mill ...	549	265,269	64,309	75,229	520,319	129,865	3,233	1,607,919	398,264
Other ...	407	391,953	76,824	988	1,103,327	211,321	6,834	1,054,690	181,893

Excavating and similar digging machinery	28,169	1,676,984	313,963	92,214	796,664	148,176	{	57,733	(a)	1,167,884	(a)	204,378
Mining machinery, other than portable power tools	69,426	1,401,865	259,104	291,255	1,715,133	304,468		394,600		2,789,723		467,328
Paper-mill and pulp-mill machinery	1,459	1,002,516	200,496	48,833	1,838,881	353,075		6,483		1,443,907		252,124
Printing and bookbinding machines	16,153	2,733,578	466,987	6,935	3,002,475	705,982		3,690		3,465,374		552,298
Textile machinery	20,327	4,829,727	928,434	29,561	4,038,154	735,446		44,578		4,773,409		832,407
Needles for machines	41,108	300,007	88,067	39,850	288,198	77,967		23,342		324,198		86,770
Sewing machines	1,644	2,006,711	335,789	1,138	2,023,819	332,467		6,665		2,367,466		372,644
Refrigerators and refrigerating equipment, commercial and industrial	304	452,929	84,207	415	345,142	64,513		262		465,151		81,437
Food and drink preparation, etc., machinery	13,278	1,138,170	225,026	31,710	1,350,196	251,783		16,257		1,368,819		237,328
Bearings, ball and roller	1,228	1,861,605	372,334	4,367	2,341,490	468,301		71		2,410,145		482,046
Other	185,749	(b)	2,528,691	260,076	(b)	2,837,059		249,005		(a)	(b)	(a)
TOTAL	...	...	10,126,047	...	...	11,219,818		...		...		11,716,046
Deduct drawbacks	...	...	697,082	...	...	850,397		...		...		903,731
NET TOTAL	...	...	9,428,965	...	...	10,369,421		...		...		10,812,315
Division 16: Electric Machinery, Apparatus and Appliances—												
Generators, motors and parts	3,138	838,445	167,441	3,184	1,362,821	261,036		1,401		1,249,711		219,582
Converters, mercury-arc rectifiers and transformers	80,178	272,540	54,506	48,411	79,306	14,997		5,782		51,267		8,982
Switch gear and switchboards	346	342,870	68,576	51	371,713	73,300		4,341		317,778		61,658
Bulbs, arc lamps and tubes for electric lighting, complete	31,528	179,308	42,804	17,685	135,811	32,406		33,454		204,283		45,069
Apparatus for radio, television and radar	335,383	(a) 9,228	(a) 2,051	—	(a) 6,378	(a) 1,330		—		(a) 13,758		(a) 2,752
Apparatus for telegraphy and telephony	—	(a) 3,234,242	(a) 653,061	408,752	2,226,231	448,072		346,304		2,926,144		(a) 587,621
Electrical cooking and heating apparatus	41,074	468,736	90,765	91,317	230,836	43,150		—		144		19
Electric appliances for motor vehicles, etc.	194,614	811,529	123,916	161,537	604,381	92,695		98,546		362,027		69,675
Portable mechanical appliances, electrically operated	—	365,474	121,792	—	273,562	87,739		—		832,871		114,504
	—	(a) 2,634	(a) 585	—	(a) 5,456	(a) 1,170		—		461,430		138,239
	282,942	869,455	151,344	48,070	1,068,699	180,071		224,449		(a) 2,706		(a) 537
										1,388,080		224,894

(b) Partly value, partly quantity of various units.

(a) Goods duty-paid at preferential rates.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 16—continued</i>									
Portable power tools, electrical ...	29	222,937	44,863	—	159,578	30,446	—	202,740	35,467
Electric wires and cables ...	55,766	129,239	25,848	25,965	137,443	26,917	23,470	159,949	30,353
Other electric machinery, etc. ...	—	(b) 93	230,602	—	(b) 65	378,809	—	(b) 44	453,611
TOTAL ...	...	...	1,778,257	...	...	1,672,184	...	...	1,992,967
Deduct drawbacks ...	...	...	162,448	...	...	147,924	...	...	81,440
NET TOTAL ...	...	...	1,615,809	...	...	1,524,260	...	...	1,911,527
<i>Division 17: Railway Vehicles—</i>									
TOTAL ...	83,725	277,540	55,640	94,470	475,503	94,504	83,942	693,628	138,387
Deduct drawbacks ...	—	—	—	—	—	—	—	—	1,600
NET TOTAL ...	83,725	277,540	55,640	94,470	475,503	94,504	83,942	—	136,787
<i>Division 18: Road Vehicles and Aircraft—</i>									
Road vehicles—									
Mechanically propelled—									
Complete—									
Cars ...	—	3,436,073	1,145,359	—	2,418,440	765,536	—	3,118,478	934,740
Commercial vehicles (excluding tractors) ...	—	(b) 496,009	(b) 110,224	—	(b) 213,632	(b) 46,088	—	(b) 379,577	(b) 75,942
...	—	351,396	117,132	—	265,709	84,409	—	464,893	139,321
...	—	(b) 330	(b) 78	—	(b) 1,480	(b) 329	—	(b) 202	(b) 41

	2,826	1,954,836 (b) 66,238	681,405 (b) 14,719	43	2,806,176 (b) 11,487	893,118 (b) 2,496	12	2,734,251 (b) 28,851	805,537 (b) 5,818
Chassis, parts and accessories	—	—	—	—	—	—	—	—	—
Motor cycles and tricycles—									
Complete ...	—	3,050,063 (b) 54	686,264 (b) 12	—	3,779,564 (b) 469,878	850,342 (b) 150,097	—	6,649,648 (b) 689,908	1,496,188 (b) 206,968
Parts and accessories ...	—	550,907	183,629	—	26	6	—	246	49
Not mechanically propelled—									
Cycles and parts ...	23,540	320,371	64,066	75,290	257,556	51,530	91,183	323,752	64,750
Aeroplanes and parts (other than engines and electrical parts) ...	43,373	623,845	124,769	12,873	848,981	160,444	51,121	734,011	127,613
Other ...	275	22,364	4,473	1,626	18,650	3,699	1,057	24,949	4,964
TOTAL ...	70,014	10,872,506	3,102,130	89,832	11,091,579	3,008,094	143,373	15,148,766	3,861,931
Deduct drawbacks ...	—	—	422,171	—	—	358,002	—	—	533,456
NET TOTAL ...	70,014	—	2,679,959	89,832	—	2,650,092	143,373	—	3,328,475
Division 19: Ships and Boats—									
TOTAL ...	12,388	72,536	7,027	18,314	110,221	11,022	13,720	114,283	11,429
Division 20: Sanitary, Plumbing, Heating and Lighting Fixtures and Fittings; Buildings, Prefabricated; Furniture—									
Illuminating glassware ...	48 lb. 63	260,544 lb. 2,039,634	38,380 38,243	7	270,576 lb. 1,937,115	40,022 36,304	56	340,991 lb. 1,968,213	50,617 36,920
Electric lighting appliances, etc.	140,906 lb. 109,660	627,809 lb. 35,575	125,654 2,075	158,924 lb. 161,813	755,916 lb. 149,922	151,791 8,746	450,190 lb. 395,878	839,248 lb. 5,136	167,921 300
Furniture (including parts)—	29,540	1,632,233	326,231	76,615	1,931,717	386,359	101,146	2,290,099	458,106
Of wood ...	3,266	79,124	13,171	5,146	103,466	17,400	8,868	155,045	25,539
Other articles ...	9,207	247,628	48,782	5,615	300,277	57,179	12,305	171,947	30,934
TOTAL ...	—	—	592,536	—	—	697,801	—	—	770,337

(a) Partly value, partly quantity of various units.

(b) Goods duty-paid at preferential rates.

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>									
<i>Division 21: Clothing, Footwear, Travel Goods and Handbags—</i>									
Travel goods, handbags, etc., ..	£ 2,054 No.	£ 422,758 No.	£ 99,544	£ 5,687 No.	£ 411,934 No.	£ 87,876	£ 6,288 No.	£ 517,798 No.	£ 102,643
Clothing, except fur clothing—									
Knitted, netted or crocheted—									
Stockings and socks...	£ 31,143	£ 6,978	£ 1,421	£ 49,208	£ 40,346	£ 8,070	£ 68,544	£ 6,524	£ 1,305
Underwear	£ 62,433	£ 41,533	£ 8,792	£ 197,928	£ 102,167	£ 21,672	£ 349,598	£ 88,152	£ 20,217
Outer garments	£ 216,230	£ 725,875	£ 148,209	£ 405,482	£ 1,259,881	£ 258,733	£ 432,025	£ 1,784,853	£ 367,274
Not knitted, netted or crocheted	£ 2,801,089	£ 933,961	£ 189,210	£ 4,004,106	£ 1,080,822	£ 219,200	£ 4,686,852	£ 1,283,951	£ 258,007
	No. 1,940,127	No. 2,313	No. 202	No. 708,991	No. 4,944	No. 433	No. 1,601,373	No. 7,428	No. 650
Hats, caps and other headgear	£ 9,876	£ 471,997	£ 118,036	£ 41,454	£ 583,544	£ 145,902	£ 48,764	£ 541,496	£ 135,276
		Dozens			Dozens			Dozens	
Gloves—									
Leather	—	£ 1,457	£ 884	—	£ 180	£ 60	—	£ 293	£ 73
Fabric	£ 69,261	£ 212,861	£ 63,858	£ 93,474	£ 224,833	£ 67,451	£ 88,315	£ 224,079	£ 67,224
Wool	£ 987,490	(a) £ 19,722	(a) £ 6,257	£ 533,042	£ 49,762	£ 14,992	£ 581,584	£ 54,246	£ 16,119
Other	£ 768,002	£ 30,388	£ 6,204	£ 929,169	£ 30,018	£ 6,026	£ 722,069	£ 43,679	£ 8,743
Handkerchiefs, finished or unfinished	£ 181,076	£ 77,868	£ 16,168	£ 182,536	£ 31,702	£ 6,796	£ 116,575	£ 327,414	£ 5,261
	£ 6,070	£ 216,564	£ 51,880	£ 9,272	£ 267,523	£ 64,476	£ 7,345	£ 327,414	£ 78,776
	lb.	lb.		lb.	lb.		lb.	lb.	
	10,570	560	77	2,105	8,601	1,183	429	539	74

Footwear— Not of rubber ...	744,801 Pairs £	413,560 Pairs £	52,221	£ Pairs £	£ Pairs £	83,330	£ Pairs £	£ Pairs £
Of rubber ...	1,087 No. (a)	— 9 No. (a)	— 1 (a)	109 No. (c)	615,165 Pairs £	17	— 109 No. (b)	1,287,427 Pairs £
Other articles ...	25,722,110 (c)	4,491,730 (c)	109,449 48,434	31,824,098 (c)	(a) — 485,823 ...	7,741 78,141	22,870,199 (c)	4,719,707 (c)
TOTAL ...	...	...	984,254 21,508	...	...	1,125,820 20,337	...	1,529,359 18,803
Deduct drawbacks ...	...	...	...	...	...	...	...	...
NET TOTAL ...	...	...	962,746	...	...	1,105,483	...	1,510,556
<i>Division 22: Scientific Instruments; Photographic and Optical Goods; Watches and Clocks—</i>								
Optical and optical instruments and appliances and parts thereof ...	£	£	139,465	112,433	£	175,842	£	£
Photographic and cinematograph instruments and appliances ...	46	276,319	51,978	4	218,666	40,943	5,687	295,929
Medical, surgical, etc., instruments and appliances and parts thereof ...	25,680	276,038	52,967	33,151	334,566	64,283	30,465	379,593
Other scientific instruments and appliances and parts thereof ...	757	74,756	15,878	1,192	81,230	18,770	1,585	107,927
Photographic and cinematograph supplies—								
Cinematograph film—								
Unexposed, sensitised ...	—	200,693,395	278,746	—	Linear ft. 98,899,507	137,363	—	Linear ft. 94,573,524
Exposed ...	—	(d) 220	—	—	(d) 36	—	—	17,317,136
Other ...	—	31,951,362	205,787	—	(d) 23,596,803 (d) 901	130,573 (d) 1	—	1,084,124
	142,035	726,965	163,072	144,465	£ 813,734	184,772	139,061	239,551

(a) Excess of repayments.

(b) Adjustment of account for previous year.

(c) Goods duty-paid at preferential rates.

(d) Partly value, partly quantity of various units.

Division 22: Scientific Instruments; Photographic and Optical Goods; Watches and Clocks—

Optical and optical instruments and appliances and parts thereof ...
Photographic and cinematograph instruments and appliances ...
Medical, surgical, etc., instruments and appliances and parts thereof ...
Other scientific instruments and appliances and parts thereof ...Photographic and cinematograph supplies—
Cinematograph film—

Unexposed, sensitised ...

Exposed ...

Other ...

TABLE 83.—Duties under Import Duties Act, 1932—continued

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>	£	£	£	£	£	£	£	£	£
<i>Division 22—continued</i>									
Watches and clocks—									
Watches complete—		36,738	12,245	—	51,687	17,229	—	62,603	20,868
With gold cases	—	2,400,681	800,226	—	2,439,391	813,128	—	2,547,736	849,244
With cases of other materials (including silver and rolled gold)	—	(a) 4,085	(a) 908	—	(a) 4,341	(a) 965	—	1,087,120	362,342
Parts and cases...	506	965,356	321,785	(b) — 506	1,027,164	342,360	—		
Clocks—	—	(a) 211	(a) 47	—	(a) 50	(a) 11	—		
Complete	—	603,657	187,644	—	649,509	202,078	—	627,627	192,560
	—	(a) 1,380	(a) 306	—	(a) 4,380	(a) 973	—	(a) 2,450	(a) 545
	—	No. 131,091	26,220	—	No. 122,406	24,482	—	No. 130,191	26,038
Parts ...	—	£ 110,582	36,863	—	£ 101,475	33,824	—	£ 72,824	24,273
	—	(a) 34	(a) 8	—	(a) 124	(a) 28	—		
TOTAL	287,450	...	2,204,145	290,739	...	2,187,625	338,837	...	2,262,041
Deduct drawbacks	—	...	76,252	—	...	85,208	—	...	109,569
NET TOTAL	287,450	...	2,217,893	290,739	...	2,102,417	338,837	...	2,152,472

Musical instruments, gramophones and gramophone records—

	106	612,434	167,672	38	1,049,664	200,073	146	1,781,944	411,873
Sound reproducing apparatus, electrical ...	—	(a) 20	(a) 4	—	(a) 241	(a) 40	—	(a) 1,005	(a) 163
Gramophones, phonographs and records ...	—	(a) 79,669	(a) 19,496	115	(a) 60,346	(a) 13,609	46	(a) 137,094	(a) 29,501
Musical instruments, parts and accessories thereof ...	—	(a) 562	(a) 56	—	(a) 2,226	(a) 223	—	(a) 1,777	(a) 178
	—	(a) 963,463	(a) 272,806	18	(a) 924,459	(a) 255,659	—	(a) 1,278,431	(a) 337,221
	—	(a) 2,213	(a) 353	—	(a) 3,317	(a) 615	—	(a) 72,299	(a) 12,091
Printed matter, etc. ...	39,924	566,656	110,599	104,999	644,178	121,329	116,309	731,231	126,245
Flowers, etc., artificial ...	156	170,144	43,049	1,221	185,467	47,969	2,547	219,260	56,397
Buttons ...	679,389	338,134	101,426	746,799	365,499	109,648	398,489	457,812	137,339
Beads and bead trimmings ...	4,833	95,671	14,320	1,991	75,273	11,259	1,187	44,518	6,708
Fancy goods ...	46,463	166,654	34,614	27,368	163,877	34,808	17,139	181,973	36,006
Plastics manufactures, not elsewhere specified ...	43,422	682,406	78,126	127,124	1,008,178	115,335	226,776	1,267,119	142,199
Baskets and basketware ...	19,423	243,974	48,781	82,139	252,928	47,621	150,570	313,721	56,239
Brooms and brushes ...	44,319	219,491	43,731	53,147	192,610	38,253	50,587	208,232	41,403
	—	Gross	Gross	Gross	Gross	Gross	Gross	Gross	Gross
	—	20,197	2,253	660	29,317	2,776	3,680	31,946	4,230
	—	£	£	£	£	£	£	£	£
Sports goods and parts ...	327,192	230,274	51,619	452,961	243,398	55,181	456,290	275,322	61,466
	No.	No.	No.	No.	No.	No.	No.	No.	No.
	1,341,938	28	6	999,646	996	249	1,020,932	2,567	611
	£	£	£	£	£	£	£	£	£
	811,370	895,550	224,252	1,023,814	773,527	194,777	1,386,351	1,077,950	270,796
	—	(a) 2,873	(a) 639	—	(a) 1,116	(a) 248	—	(a) 291	(a) 65
	—	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.
	—	965	92	3	1,054	87	1,266	5,288	335
	—	(c)	(c)	£	(c)	86,027	202,183	(c)	115,312
Stationery, other than paper ...	98,359	111,004	178,353	178,353	288,647	55,997	23,823	264,949	50,600
Pipes, etc., for smoking tobacco ...	12,687	296,678	56,270	15,415	—	—	—	—	—

(a) Goods duty-paid at preferential rates.

(b) Adjustment of account for previous year.

(c) Partly value, partly quantity of various units.

continued on next page

TABLE 83.—Duties under Import Duties Act, 1932—concluded

Description	1955-56			1956-57			1957-58		
	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts	Value or quantity admitted free by Preference	Value or quantity duty-paid	Net Receipts
<i>Class D—continued</i>	£	£	£	£	£	£	£	£	£
<i>Division 23—continued</i>	(a)	(a)	145,122	(a)	...	170,385	(a)	...	199,710
Other miscellaneous manufactured articles ... ..	...	...	1,526,290	...	...	1,652,168	...	...	2,096,688
TOTAL	—	...	73,407	—	...	92,740	—	...	100,557
Deduct drawbacks ... ..	...	...	1,452,883	...	...	1,559,428	...	...	1,996,131
NET TOTAL ... ..	...	...	...	...	...	...	...	...	...
Balance of duty on Silk and Artificial Silk, collected under Import Duties Act, 1932—	...	...	16,920	—	...	21,040	—	...	29,333
Yarns and fabrics	—	...	83,543	—	...	100,264	—	...	124,826
Other than yarns and fabrics ... ..	...	...	100,463	—	...	121,304	—	...	154,159
TOTAL ... ..	...	...	43,444,885	...	...	42,774,039	...	...	48,371,549
TOTAL, CLASS D ... ..	...	...	...	...	...	...	...	...	...
<i>Class E: Miscellaneous</i>	...	...	...	...	...	...	...	...	...
<i>Division 2: Live Animals not normally used for Food—</i>	...	...	...	...	...	...	...	...	...
TOTAL	39,642	130,880	13,068	43,425	137,556	13,757	47,691	134,793	13,484

[illegible]

(a) Partly value, partly quantity of various units.

(b) Difference between amounts collected in, and allocated to, the Isle of Man.

TABLE 84.—Ottawa Duties: Values or Quantities of Goods admitted free by Preference and of Foreign Goods duty-paid and Net Receipts

Description	Unit	1955-56			1956-57			1957-58		
		Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts	Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts	Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts
				£						£
Maize, flat, white	£ Cwt.	4,930,065	801	80	5,129,805	2,141	214	5,372,132	2,161	216
Butter	...	4,256,317	2,348,915	1,761,694	4,924,232	2,604,457	1,953,342	4,025,811	3,160,231	2,370,183
Cheese	...	14,131,332	5,924,201	834,345	27,017,903	6,490,012	910,219	15,080,657	5,656,047	790,015
Eggs in shell:—	£									
not exceeding 14 lb. in weight per great hundred	Gt. Hd.	362,664	1,690,097	84,572	240,748	592,778	29,572	58,104	286,998	14,351
over 14 lb. but not exceeding 17 lb. in weight per great hundred	Gt. Hd.	1,498,213	2,674,499	200,583	1,091,117	895,741	67,191	434,680	309,075	23,181
over 17 lb. in weight per great hundred	Gt. Hd.	182,663	765,548	66,985	69,352	284,101	24,859	23,412	69,548	6,085
Condensed Milk, whole:—	Cwt.	80	945	284	132	513	154	180	859	257
Not sweetened	Cwt.	—	2,008	502	—	790	198	31	16,576	4,145
Sweetened or slightly sweetened	Cwt.	—	—	—	—	—	—	—	—	—
Milk Powder and other prepared milk excluding condensed milk:—	Cwt.	703,264	63,680	19,082	1,023,467	95,569	28,671	848,849	56,434	16,930
not sweetened	Cwt.	—	—	—	—	—	—	—	—	—
Fresh or raw fruit:—	Cwt.	1,539,214	73,268	16,485	1,782,322	110,562	24,876	1,538,650	148,101	33,322
Apples	Cwt.	765,697	605,001	97,520	738,613	517,406	85,018	607,291	415,478	70,821
Pears	Cwt.	4,576,802	1,597,388	199,675	5,051,108	1,153,746	414,363	5,301,648	894,728	335,528
Bananas	Cwt.	—	—	—	—	—	—	—	—	—

Oranges ...	Cwt.	2,105,146	1,826,419	319,625	2,141,763	1,046,746	183,181	2,384,950	1,417,187	248,014
Grapefruit ...	Cwt.	425,521	513,428	128,358	368,652	611,409	152,846	444,497	427,807	106,959
Grapes other than house ...	lb.	28,365,340	1,484,561	9,278	36,535,146	1,184,756	7,405	26,515,963	901,730	5,636
Peaches and Nectarines ...	Cwt.	18,951	1,203	842	10,651	— 70	— 49	12,202	1,699	1,189
Plums ...	Cwt.	35,273	1,776	829	22,763	3,316	1,547	35,701	6,448	3,010
Fruit preserved in syrup:—										
Apples ...	Cwt.	60	362	38	1,123	— 8	—	—	375	42
Fruit Salad ...	Cwt.	35,671	20,236	5,565	11,137	35,533	9,770	51,164	1,440	395
Loganberries ...	Cwt.	3,159	1	—	9,646	—	—	40,173	—	—
Pineapples ...	Cwt.	1,080,077	216,029	54,006	1,049,811	113,751	28,438	1,241,377	55,257	13,827
Apricots ...	£	4,069,383	100,162	12,029	3,097,634	93,168	11,180	2,099,938	112,889	13,547
Peaches ...	£	6,722,683	1,194,455	143,324	6,309,204	2,350,039	282,015	6,010,804	1,616,375	194,067
Pears ...	£	4,608,155	2,584,228	310,160	4,744,842	654,789	78,657	5,538,977	344,156	41,301
Other fruits (except grapes—fruit and stoned cherries)	£	788,494	5,269,719	790,514	639,056	3,982,344	596,861	1,151,078	6,515,262	977,301
Honey ...	£	2,290	—	—	15,492	— 5	—	2,076	2	—
...	Cwt.	125,337	35,208	8,801	111,904	13,902	3,476	95,071	19,403	4,850
Rice, husked, including cargo rice and cleaned rice whole, but not including broken rice										
Rice in the husk ...	Cwt.	487,299	839,256	251,774	187,027	1,056,193	316,861	173,782	930,486	279,146
Linseed ...	£	3,828,421	2,867	860	722	4,672	1,401	—	16,073	4,822
Castor oil ...	£	1,434,618	38,600	3,860	9,326,481	141,371	14,137	6,273,981	1,187,319	118,732
Linseed oil ...	£	5,382,985	144	18	2,044,920	340	42	2,028,362	54,262	6,783
Coconut oil ...	£	4,920,974	2,752,621	412,868	5,429,539	1,790,668	268,626	1,559,935	4,881,246	732,187
Ground-nut oil ...	£	4,770,989	35,276	5,291	4,844,373	9,652	1,448	4,587,875	23,436	3,516
Rape oil ...	£	29,513	1,129	169	2,873,180	215	32	3,165,876	213	32
Sesamum oil ...	£	17,586	23,596	3,541	2,015	59,689	8,953	27,011	5,787	868
Magnesium chloride ...	£	8,004	186	28	191	246	37	4,010	966	143
Cod liver oil ...	Cwt.	11,484	259,441	12,972	4,004	183,279	9,164	216,226	216,226	10,811
...	Gall.	—	84,058	4,205	—	85,591	4,280	41,220	142,251	7,113

TABLE 84.—Ottawa Duties: Values or Quantities of Goods admitted free by Preference and of Foreign Goods duty-paid and Net Receipts—*continued*

Description	Unit	1955-56			1956-57			1957-58		
		Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts £	Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts £	Value or Quantity admitted free by Preference	Value or Quantity duty-paid	Net Receipts
Patent leather not forming part of another article and goods composed wholly of patent leather	£	20,817	91,874	6,891	16,504	95,384	7,154	12,873	98,914	7,419
Composite goods containing an ingredient liable to Ottawa Duty		—	...	2,058	—	...	3,040	—	...	3,187
Total	5,769,711	...	...	5,529,179	...	...	6,449,931
Deduct drawbacks	318,270	...	...	344,489	...	...	368,526
Deduct net amount paid to Isle of Man (b)	5,773	...	...	5,438	...	...	6,311
Net Receipts excluding duties on Dried fruit	5,445,668	...	...	5,179,252	...	...	6,075,094

(a) Excess of repayments.

(b) Difference between amounts collected in, and allocated to, the Isle of Man.

TABLE 86.—Safeguarding of Industries, Key Industry Duty: Values of Foreign Goods duty-paid and Net Receipts

Description	1955-56		1956-57		1957-58	
	Value duty-paid	Net Receipts	Value duty-paid	Net Receipts	Value duty-paid	Net Receipts
Optical glass and optical elements, whether finished or not, microscopes, field and opera glasses, theodolites, sextants, spectroscopes and other optical instruments and component parts of such optical instruments ...	2,211,461	1,062,262	1,815,531	856,255	2,745,901	1,276,054
Beakers, flasks, burettes, measuring cylinders, thermometers, tubing and other scientific glassware and lamp-blown ware, evaporating dishes, crucibles, combustion boats, and other laboratory porcelain ...	105,920	35,306	141,801	47,200	142,856	47,307
Galvanometers, pyrometers, electroscopes, barometers, analytical and other precision balances and other scientific instruments and component parts of such scientific instruments, gauges and measuring instruments of precision of the types used in engineering machine shops and viewing rooms, whether for use in such shops or rooms or not ...	1,273,580	419,849	1,254,913	406,409	1,690,706	542,183
Wireless valves and similar rectifiers and vacuum tubes and parts thereof whether finished or not ...	4,111,802	1,370,598	1,843,604	614,531	3,152,360	1,050,787
Ignition magnetos and permanent magnets ...	29,908	6,870	23,878	5,394	28,543	6,283
Arc-lamp carbons and parts thereof whether finished or not (a) ...	605	280	1,230	607	751	389
Activated carbons and decolorising carbons, not of animal origin ...	137,259	45,753	119,668	39,889	152,775	50,925
Amorphous carbon electrodes, but not including primary battery carbons or arc-lamp carbons ...	2,516	629	7,996	1,999	19,258	4,814
Hosiery latch needles ...	153,875	51,292	154,703	51,569	175,940	58,647

continued on next page

TABLE 86.—Key Industry Duty—concluded

245

£

Description	1955-56		1956-57		1957-58	
	Value duty-paid	Net Receipts	Value duty-paid	Net Receipts	Value duty-paid	Net Receipts
Metallic tungsten, ferro-tungsten and manufactured products of metallic tungsten and compounds (not including ores or minerals) of thorium, cerium and the other rare earth metals ...	172,724	57,574	123,443	41,147	93,651	31,217
Molybdenum, ferro-molybdenum and molybdenum compounds and vanadium, ferro-vanadium and vanadium compounds (but not including ores or minerals of molybdenum or vanadium) ...	135,365	45,121	96,889	30,496	96,136	28,998
Ferro-titanium containing not more than 2 per cent. of carbon, manganese metal containing not more than 1 per cent. of carbon and chromium metal ...	593	198	1,083	361	2,176	725
All synthetic organic chemicals (other than synthetic organic dyestuffs, colours and colouring matters imported for use as such and organic intermediate products imported for their manufacture), analytical reagents, all other fine chemicals (except sulphate of quinine of vegetable origin) and chemicals manufactured by fermentation processes	4,651,943	1,518,621	4,353,947	1,468,359	4,891,404	1,566,306
Total (b)	12,987,551	4,614,353	9,938,686	3,564,216	13,192,457	4,664,635
Deduct net amount paid to Isle of Man (c) ... ..	...	6,704	...	5,014	...	6,439
Net Receipts ... ..	...	4,607,649	...	3,559,202	...	4,658,196

(a) The quantity on which specific duty was paid was 2,218 lb. in 1955-56, 4,356 lb. in 1956-57 and 3,062 lb. in 1957-58.

(b) Total value of Commonwealth products admitted free of duty, 1955-56, £3,257,423; 1956-57, £3,040,605; 1957-58, £4,806,306.

(c) Difference between amounts collected in, and allocated to, the Isle of Man.

TABLE 87.—Imported Silk and Artificial Silk : Net Values or Quantities entered for Use and Receipts (a)

Description	1955-56		1956-57		1957-58	
	Net Value or Quantity entered for use	Receipts	Net Value or Quantity entered for use	Receipts	Net Value or Quantity entered for use	Receipts
	lb.	£	lb.	£	lb.	£
Natural Silk:—						
O cocoons and waste of all kinds:—						
Undischarged (b)	286,140	7,150	95,424	2,383	—	—
Wholly or in part discharged, other than noils	76,099	5,707	169,252	10,080	90,813	2,933
Noils (b)	96,652	2,416	97,292	2,432	—	—
Raw	585,646	43,924	520,871	29,620	421,122	15,792
Yarn:—						
Undischarged	4,037	1,238	3,075	1,825	466	224
Wholly or in part discharged:—						
Neil yarn	1,491	539	4,042	839	789	178
Other	26,920	12,915	43,129	18,066	30,180	13,569
Tissues:—						
Bolting cloth, not treated or operated upon, containing no other fibre than silk	8,308	935	6,021	677	6,820	768
Eastern Tissues	287,164	144,113	122,704	61,728	113,836	64,783
Neil Tissue	62	—	—	—	—	—
Other Tissues	213,975	218,671	185,939	224,113	174,397	232,726
Artificial Silk:—						
Waste	2,063,421	77,365	4,417,319	164,348	8,964,409	320,218
Yarn	1,155,553	319,705	1,103,623	238,651	7,362,447	1,211,884
Tissues	11,481,482	3,572,846	9,947,438	3,302,237	11,446,385	3,847,976
Stockings and socks made wholly of silk, or containing silk components the value whereof exceeds 20 per cent. of the aggregate of the values of all the components thereof	£ 699	233	£ 1,177	393	£ 1,020	340
Stockings and socks (containing no silk) made wholly of artificial silk, or containing artificial silk components the value whereof exceeds 20 per cent. of the aggregate of the values of all the components thereof	1,442,996	477,319	1,279,177	424,094	1,433,786	475,155
Stockings and socks, etc., charged on a number basis	Doz. pairs 4,922	2,433	Doz. pairs 58,624	29,195	Doz. pairs 178,630	89,116
Woven textile felts of a kind used in paper-making machinery, containing no silk but containing artificial silk components the value whereof exceeds 5 per cent. but does not exceed 20 per cent. of the aggregate of the values of all the components thereof (d)	—	—	£ 3,216	486	£ 1,364	1,751

Any other Articles made wholly or in part of Silk or Artificial Silk:—
Where the article is made wholly of silk and/or artificial silk, or where the value of the silk and/or artificial silk components exceeds 20 per cent. of the aggregate of the values of all the components of the article—

Dresses and skirts (other than divided skirts)	£ 132,533 lb.	40,512	258,575 lb.	76,447	275,176 lb.	77,917
Other articles of apparel	£ 993	345	2,687 £	1,098	7,055 £	3,178
Textile bed furnishings and other articles of furnishing drapery	£ 2,135,178 lb.	710,586	2,472,546 lb.	822,294	2,787,701 lb.	924,965
Other articles	£ 64,225	24,615	63,520 £	27,202	73,655 £	33,630
Where the value of the silk and/or artificial silk components exceeds 5 per cent. but does not exceed 20 per cent. of the aggregate of the values of all the components of the article—	£ 23,037 lb.	9,609	24,142 lb.	10,117	16,733 lb.	7,012
Articles of apparel	£ 432,852 lb.	97,083	718,328 lb.	161,304	949,565 lb.	213,384
Textile bed furnishings and other articles of furnishing drapery	£ 288,699	36,727	180,584 £	22,526	61,843 £	7,867
Other articles	£ 16,259 lb.	4,064	53,732 lb.	13,426	44,497 lb.	11,124
	£ 54,226	4,517	16,340 £	1,362	13,692 £	1,141
	£ 432,088	107,983	329,861 £	81,056	402,481 £	99,394

TABLE 87.—Imported Silk and Artificial Silk: Net Values or Quantities entered for Use and Receipts (a)—concluded

Description	1955-56		1956-57		1957-58	
	Net Value or Quantity entered for use	Receipts	Net Value or Quantity entered for use	Receipts	Net Value or Quantity entered for use	Receipts
Any other Articles made wholly or in part of Silk or Artificial Silk—continued:— Where the value of the silk and/or artificial silk components does not exceed 5 per cent. of the aggregate of the values of all the components of the article—						
Articles of apparel	£ 1,149,650 lb.	£ 137,493	£ 1,763,094 lb.	£ 208,198	£ 2,273,293 lb.	£ 270,960
Textile bed furnishings and other articles of furnishing drapery	£ 228,117	£ 7,199	£ 144,938	£ 6,787	£ 127,825	£ 6,088
Other articles	£ 15,474	£ 1,857	£ 32,929	£ 3,917	£ 23,942	£ 2,853
Duty on made-up articles admitted at fixed rates	£ 440,145	£ 7,336	£ 506,308	£ 8,439	£ 359,138	£ 5,986
Articles containing Silk or Artificial Silk components re-imported—Drawbacks refunded	£ 626,356	£ 74,704	£ 769,968	£ 91,352	£ 772,503	£ 92,020
Total ... ..	...	220	...	148	...	126
Deduct drawbacks and allowances ... ..	...	1,546	...	972	...	1,574
Deduct net amount paid to Isle of Man (c) ... ..	...	6,305,666	...	6,219,414	...	8,218,439
Net Receipts ... ..	...	258,120	...	267,477	...	225,035
	...	8,769	...	8,360	...	11,090
	...	6,038,777	...	5,943,577	...	7,982,374

(a) Not including duty collected under the Import Duties Act, 1952 (see Table 83).
(b) Exempted from duty as from 12th November, 1956.
(c) Excess of repayments.
(d) New levies operative 12th November, 1956.
(e) Difference between amounts collected in, and allocated to, the Isle of Man.

TABLE 89.—Excise Licences : Numbers and Net Receipts in 1957-58

	Numbers issued			Net Receipts		
	England and Wales	Scotland	Total	England and Wales	Scotland	Total
CLASS A—LIQUOR LICENCES						
MANUFACTURERS						
Brewers for sale	(a) 369	30	(a) 399	(a) 180,958	17,373	(a) 198,331
Brewers not for sale:—						
Free licence	227	776	1,003	—	—	—
25s. licence	112	2	114	138	2	140
50s.	159	1	160	395	3	398
4s.	37	3	40	7	1	8
Brewers—Beer Priming Premises	5	1	6	240	95	335
Distillers	11	105	116	(a) 3,197	18,610	(a) 21,807
Rectifiers	22	5	27	345	79	424
Compounders	171	14	185	2,672	218	2,890
Sweets (British Wines) Makers	47	6	53	236	32	268
Sparkling Sweets (British Wines) Makers	4	—	4	—	—	—
TOTAL MANUFACTURERS	(a) 1,164	943	(a) 2,107	(a) 188,188	36,413	(a) 224,601
DEALERS						
Spirits						
Beer	4,211	759	4,970	38,321	8,253	46,574
Wine and Sweets (British Wines)	3,848	386	4,234	26,981	2,776	29,757
Sweets (British Wines)	4,207	421	4,628	26,977	3,017	29,994
Spirits of Wine (b)	185	23	208	877	107	984
	68	16	84	672	160	832
TOTAL DEALERS	12,519	1,605	14,124	93,828	14,313	108,141

RETAILERS									
RETAILERS OF SPIRITS:—									
On-Licences (Publicans) ...	...	...	...	...	...	...	...	...	...
Off-Licences ...	...	...	...	...	...	...	...	...	...
TOTAL SPIRIT RETAILERS	...	...	...	...	...	...	...	...	...
...	62,695	6,071	(a)	68,766	3,246,213	247,761	3,493,974		
...	12,280	2,230		14,510	226,664	35,100	261,764		
...	74,975	8,301		83,276	3,472,877	282,861	3,755,738		
RETAILERS OF BEER, CIDER AND PERRY:—									
On-Licences ...	...	...	...	...	...	...	...	...	...
Off-Licences ...	...	...	...	...	...	...	...	...	...
TOTAL BEER RETAILERS	...	...	...	...	...	...	...	...	...
...	8,828	39	(c)	8,867	162,532	335	162,867		
...	17,280	2,294		19,574	62,974	7,327	70,301		
...	26,108	2,333		28,441	225,506	7,662	233,168		
RETAILERS OF CIDER AND PERRY:—									
On-Licences ...	...	...	...	...	...	...	...	...	...
Off-Licences ...	...	...	...	...	...	...	...	...	...
TOTAL CIDER RETAILERS	...	...	...	...	...	...	...	...	...
...	15	—		15	61	—	61		
...	662	32		694	1,279	64	1,343		
...	677	32		709	1,340	64	1,404		
RETAILERS OF WINE AND SWEETS (BRITISH WINES):—									
On-Licences ...	...	...	...	...	...	...	...	...	...
Off-Licences ...	...	...	...	...	...	...	...	...	...
TOTAL WINE RETAILERS	...	...	...	...	...	...	...	...	...
...	4,179	2	(c)	4,181	30,071	4	30,075		
...	15,722	2,227		17,949	70,481	8,385	78,866		
...	19,901	2,229		22,130	100,552	8,389	108,941		
RETAILERS OF SWEETS (BRITISH WINES):—									
On-Licences ...	...	...	...	...	...	...	...	...	...
Off-Licences ...	...	...	...	...	...	...	...	...	...
TOTAL SWEETS (BRITISH WINES) RETAILERS	...	...	...	...	...	...	...	...	...
...	44	—		44	157	—	157		
...	194	4		198	379	5	384		
...	238	4		242	536	5	541		
PASSENGER AIRCRAFT	...	...	...	...	...	...	...	...	...
PASSENGER VESSELS ...	...	...	...	...	...	...	...	...	...
RAILWAY PASSENGER VEHICLES	...	...	...	...	...	...	...	...	...
OCCASIONAL LICENCES	...	...	...	...	...	...	...	...	...
...	204	1		205	204	1	205		
...	200	45		245	1,934	450	2,384		
...	1,074	—		1,074	1,074	—	1,074		
...	62,652	6,903		69,555	39,408	4,189	43,597		
TOTAL CLASS A ...	...	...	...	...	...	...	...	...	...
...	199,712	22,396	(a)	222,108	4,125,447	354,347	4,479,794		

(a) See note on page 181.

(b) Licences granted to manufacturers or wholesale chemists and druggists.

(c) Includes 3,286 retailers of spirits, 140 retailers of beer and 163 retailers of wine paying at reduced rates of duty as Hotels and Restaurants under the 4th Schedule of the Customs and Excise Act, 1932.

TABLE 89.—Excise Licences : Numbers and Net Receipts in 1957-58—concluded

	Numbers issued			Net Receipts		
	England and Wales	Scotland	Total	England and Wales	Scotland	Total
£						
CLASS B—OCCUPATIONAL LICENCES OTHER THAN LIQUOR LICENCES						
Glucose and Saccharin Manufacturers ...	27	4	31	27	4	31
Heavy Hydrocarbon Oil Dealers ...	10,020	1,304	11,324	—	—	—
Match Manufacturers ...	7	1	8	7	1	8
Mechanical Lighter Manufacturers ...	89	2	91	—	—	—
Methylated Spirit Makers ...	36	4	40	370	42	412
Methylated Spirit Retailers ...	24,540	3,248	27,788	12,190	1,621	13,811
Playing Card Sellers who are also Makers	25	—	25	25	—	25
Still Keepers or Users ...	763	56	819	380	28	408
Sugar (British Beet) Manufacturers ...	16	1	17	16	1	17
Tobacco Growers and Curers ...	3	—	3	1	—	1
Tobacco Manufacturers ...	88	9	97	(a) 1,648	205	(a) 1,853
Tobacco Dealers ...	380,757	39,020	419,777	98,489	10,144	108,633
Tobacco Dealers' Occasional Licences	49,204	4,385	53,589	1,021	88	1,109
Vinegar Makers ...	400	6	406	397	6	403
Total Class B	(a) 465,975	48,040	(a) 514,015	(a) 114,571	12,140	(a) 126,711

TABLE 90.—Liquor Licences : Total numbers and Net Receipts

		England and Wales and Northern Ireland (a)		Scotland		Total	
		No. (b)	Net Receipts £	No. (b)	Net Receipts £	No. (b)	Net Receipts £
1948-49	...	179,478	3,919,943	20,103	299,414	199,581	4,219,357
1949-50	...	185,543	3,925,102	20,455	302,992	205,998	4,228,094
1950-51	...	189,429	3,898,169	20,706	305,047	210,135	4,203,216
1951-52	...	195,822	3,931,239	21,370	309,384	217,192	4,240,623
1952-53	...	196,866	3,950,909	21,613	316,776	218,479	4,267,685
1953-54	...	200,550	3,969,269	21,772	318,743	222,322	4,288,012
1954-55	...	198,602	3,994,039	21,845	325,453	220,447	4,319,492
1955-56	...	197,273	4,031,062	22,030	332,962	219,303	4,364,024
1956-57	...	198,141	4,073,709	22,209	341,781	220,350	4,415,490
1957-58	...	199,712	4,125,447	22,396	354,347	222,108	4,479,794

(a) See note on page 183.

(b) The numbers include licences issued free of duty to certain brewers of beer not for sale.

TABLE 91.—Excise Licences: Principal Liquor Licences: Numbers and Net Receipts for recent years

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
ENGLAND AND WALES										
Spirits										
Dealers	4,295	39,055	4,288	38,689	4,286	38,448	4,191	37,786	4,211	38,321
Retailers "On"	60,887	3,046,704	61,733	3,084,167	61,847	3,132,554	62,246	3,188,453	62,695	3,246,213
Retailers "Off"	11,241	208,447	11,555	213,478	11,774	217,459	11,918	221,123	12,280	226,664
Beer										
Brewers for Sale (a)	446	180,412	419	175,879	395	176,505	383	176,080	369	180,958
Brewers not for Sale:										
Liable for Beer Duty	10	864	11	746	7	677	21	576	37	540
Not liable for Beer Duty (b)	971	27,160	818	26,945	695	26,826	617	26,580	498	26,981
Dealers	3,787	223,882	3,848	211,301	3,806	196,428	3,777	181,784	3,848	162,532
Retailers "On"	12,539	61,844	11,811	62,349	10,962	62,612	9,971	62,915	8,828	62,974
Retailers "Off"	17,333		17,433		17,490		17,471		17,280	
Wine										
Dealers	4,255	27,257	4,245	26,995	4,213	26,872	4,156	26,553	4,207	26,977
Retailers "On"	5,226	37,537	5,166	36,869	4,825	34,299	4,600	32,722	4,179	30,071
Retailers "Off"	14,822	66,600	15,029	67,695	15,298	68,506	15,359	69,130	15,722	70,481
Occasional Liquor Licences	62,000	37,299	59,496	36,383	58,969	36,380	60,752	37,429	62,652	39,408

(a) See note on page 133.

(b) The numbers include licences issued free of duty to certain brewers of beer not for sale.

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TABLE 91.—Excise Licences: Principal Liquor Licences: Numbers and Net Receipts for recent years—continued

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
SCOTLAND										
Spirits										
Dealers	770	8,494	785	8,644	771	8,381	732	8,020	759	8,253
Retailers "On"	5,902	223,295	5,935	227,233	5,958	231,701	5,972	239,585	6,071	247,761
Retailers "Off"	2,207	34,106	2,189	34,035	2,224	34,440	2,216	34,690	2,230	35,100
Beer										
Brewers for Sale	33	16,644	41	16,516	31	16,451	33	16,337	30	17,373
Brewers not for Sale:										
Liable for Beer Duty	—	7	—	5	—	5	1	6	3	6
Not liable for Beer Duty (b)	777	2,748	694	2,749	694	2,799	773	2,976	779	2,776
Dealers	384	520	386	542	379	482	401	430	386	335
Retailers "On"	95	7,135	86	7,147	79	7,217	62	7,258	39	7,327
Retailers "Off"	2,271		2,283		2,287		2,287		2,294	
Wine										
Dealers	430	3,141	431	3,097	404	3,068	419	3,001	421	3,017
Retailers "On"	2	4	2	4	2	4	2	6	2	4
Retailers "Off"	2,221	8,192	2,219	8,168	2,238	8,250	2,228	8,308	2,227	8,385
Occasional Liquor Licences	6,421	3,659	6,545	3,723	6,712	3,831	6,840	4,044	6,903	4,189

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TABLE 91.—Excise Licences: Principal Liquor Licences: Numbers and Net Receipts for recent years—concluded

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
Spirits										
Dealers	5,065	47,549	5,073	47,333	5,057	46,829	4,923	45,806	4,970	46,574
Retailers "on"	66,789	3,269,999	67,668	3,311,400	67,805	3,364,255	68,218	3,428,038	68,766	3,493,974
Retailers "off"	13,448	242,553	13,744	247,513	13,998	251,899	14,134	255,813	14,510	261,764
Beer										
Brewers for Sale (a)	479	197,056	460	192,395	426	192,956	416	192,387	399	198,331
Brewers not for Sale:										
Liable for Beer Duty	10	871	11	751	7	682	22	582	40	546
Not liable for Beer Duty (b)	1,748	29,908	1,512	29,694	1,389	29,625	1,390	29,556	1,277	29,757
Dealers	4,171	224,402	4,234	211,843	4,185	196,910	4,178	182,214	4,234	162,867
Retailers "on"	12,634	68,979	11,897	69,496	11,041	69,829	10,033	70,173	8,867	70,301
Retailers "off"	19,604		19,716		19,777		19,758		19,574	
Wine										
Dealers	4,685	30,398	4,676	30,092	4,617	29,940	4,575	29,554	4,628	29,994
Retailers "on"	5,228	37,541	5,168	36,873	4,827	34,303	4,602	32,728	4,181	30,075
Retailers "off"	17,043	74,792	17,248	75,863	17,536	76,756	17,587	77,438	17,949	78,866
Occasional Liquor Licences	68,421	40,958	66,041	40,106	65,681	40,211	67,592	41,473	69,555	43,597

(a) See note on page 183.

(b) The numbers include licences issued free of duty to certain brewers of beer not for sale.

TABLE 92.—Excise Licences: Principal Licences other than Liquor Licences: Numbers and Net Receipts for recent years

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
ENGLAND AND WALES										
Methylated Spirit Retailers ...	24,352	12,090	24,562	12,172	24,673	12,250	24,650	12,249	24,540	12,190
Heavy Hydrocarbon Oil Dealers ...	3,494	—	4,960	—	6,883	—	8,575	—	10,020	—
Tobacco										
Manufacturers (a) ...	114	2,063	100	1,869	97	1,858	90	1,601	88	1,648
Dealers (b) ...	372,499	96,581	378,434	97,533	383,962	98,950	380,064	98,350	380,757	98,489
Gun Licences ...	274,356	137,178	238,900	119,450	225,103	112,552	231,437	115,719	262,636	131,318
Game Licences (including Game-keepers') ...	39,583	111,015	35,855	99,755	36,162	99,623	38,130	104,950	43,396	120,139
Game Dealers ...	3,478	6,956	3,205	6,410	3,013	6,026	2,864	5,728	2,884	5,768
Dog Licences ...	2,674,707	1,003,015	2,665,456	999,546	2,637,921	989,220	2,608,814	978,305	2,547,226	955,210

(a) See note on page 181.

(b) Excluding occasional licences.

continued on next page

TABLE 92.—Excise Licences: Principal Licences other than Liquor Licences: Numbers and Net Receipts for recent years
—continued—

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
SCOTLAND										
Methylated Spirit Retailers ...	3,457	1,727	3,450	1,714	3,433	1,715	3,317	1,653	3,248	1,621
Heavy Hydrocarbon Oil Dealers ...	455	—	643	—	920	—	1,071	—	1,304	—
Tobacco										
Manufacturers ...	14	315	13	283	12	237	11	194	9	205
Dealers (b) ...	38,636	10,021	39,226	10,129	39,648	10,225	39,201	10,176	39,020	10,144
Gun Licences ...	23,592	11,770	22,221	11,079	21,667	10,802	21,955	10,950	23,227	11,583
Game Licences (including Game-keepers) ...	5,344	14,300	5,012	13,280	4,824	12,761	4,797	12,699	4,965	13,077
Game Dealers ...	380	758	351	702	327	654	294	588	296	594
Dog Licences ...	185,605	69,552	183,581	68,790	183,150	68,629	181,571	68,043	179,432	67,247

(b) Excluding occasional licences.

TABLE 92.—Excise Licences: Principal Licences other than Liquor Licences: Numbers and Net Receipts for recent years
—continued

	1953-54		1954-55		1955-56		1956-57		1957-58	
	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £	No.	Net Receipts £
	TOTAL.									
Methylated Spirit Retailers ...	27,809	13,817	28,012	13,886	28,106	13,965	27,967	13,902	27,788	13,811
Heavy Hydrocarbon Oil Dealers ...	3,949	—	5,603	—	7,803	—	9,646	—	11,324	—
Tobacco										
Manufacturers (a) ...	128	2,378	113	2,152	109	2,095	101	1,795	97	1,853
Dealers (b) ...	411,135	106,602	417,660	107,662	423,610	109,175	419,265	108,526	419,777	108,633
Gun Licences ...	297,948	148,948	261,121	130,529	246,770	123,354	253,392	126,669	285,863	142,901
Game Licences (including Game-keepers) ...	44,927	125,315	40,867	113,035	40,986	112,384	42,927	117,649	48,361	133,216
Game Dealers ...	3,858	7,714	3,556	7,112	3,340	6,680	3,158	6,316	3,180	6,362
Dog Licences ...	2,860,312	1,072,567	2,849,037	1,060,336	2,821,071	1,057,849	2,790,385	1,046,348	2,726,658	1,022,457

Club duty at the rate of 3d. in the £ is charged on purchases of intoxicating liquor by registered clubs in England and Wales and Scotland during the preceding calendar year. The charge is assessed on a statement which is required to be delivered in the month of January by the secretary of every registered club.

Club Duty in Northern Ireland is imposed by the Government of that country and is not included in the following table.

TABLE 93.—Clubs : Numbers and Net Receipts

	England and Wales		Scotland		Total	
	No. of Clubs	Net Receipts	No. of Clubs	Net Receipts	No. of Clubs	Net Receipts
		£		£		£
1953-54	21,155	822,072	1,001	32,614	22,156	854,686
1954-55	21,528	822,590	1,039	33,166	22,567	855,756
1955-56	21,648	858,451	1,088	37,027	22,736	895,478
1956-57	21,913	925,853	1,106	41,741	23,019	967,594
1957-58	22,498	982,400	1,176	47,968	23,674	1,030,368

MONOPOLY VALUE

Under the Licensing Act of 1904 any justices' on-licence (except for the sale of wine alone or sweets alone) which was not in existence on 15th August, 1904, was deemed to be a new on-licence. The justices granting such a licence were required to ascertain the difference between the value of the premises when licensed and their value unlicensed and to attach to the licence such conditions as would secure to the public the amount so ascertained, which was called the monopoly value. These provisions have since been re-enacted; the most recent re-enactment was in the Licensing Act, 1953. Monopoly values are collected by the Customs and Excise Department and paid into the Exchequer.

As monopoly values vary in amount and are in many cases made payable by instalments, the amount collected in any year bears no fixed relation to the number of new on-licences granted during the year.

Section 7 of the Licensing Act, 1953 (which substantially reproduced Section 73, Finance Act, 1947) provided that, for the purposes of assessing Monopoly Value, holders of current liquor licences acquiring a more comprehensive licence would be allowed to offset the value of the licence held against the value of the new licence.

These provisions do not apply in Scotland or in Northern Ireland.

TABLE 94.—Monopoly Value : Net Receipts

	Number of New On-Licences granted	Monopoly Values collected			
		Spirits	Beer	Cider	Total
		£	£	£	£
1953-54	1,107	698,948	2,613	145	701,706
1954-55	1,085	667,854	3,462	170	671,486
1955-56	1,201	932,461	5,095	155	937,711
1956-57	1,027	1,089,872	4,192	160	1,094,224
1957-58	1,009	892,179	3,920	200	896,299

1. COMPENSATION LEVY

The Licensing Act, 1904, (since repealed and most recently re-enacted in the Licensing Act, 1953) established a fund for each County and County Borough in England and Wales, to be applied to the extinction of old on-licences (i.e. on-licences for spirits, beer or cider which were in existence on 15th August, 1904, when the Act of 1904 was passed) which the Licensing Justices and the Compensation Authority determine to be surplus to the requirements of the locality. The fund is known as the Compensation Fund, and is administered by the local Compensation Authorities which, since 1st January, 1952, have consisted of committees appointed variously from County and Borough Justices. The Compensation Fund for each area is provided and maintained by means of an annual levy upon the holders of those old on-licences which are renewed. The levy is collected by the Customs and Excise Department and paid over to the Compensation Authorities concerned.

These provisions do not apply in Scotland or in Northern Ireland.

TABLE 95.—Compensation Levy : Amounts collected

	Amount of Compensation Levy collected	Areas imposing			Old On-Licences refused (Scheduled for compensation)
		Maximum levy	Levy less than maximum	No levy	
	£	No.	No.	No.	No.
1953-54 ...	200,689	41	25	56	62
1954-55 ...	199,454	39	28	55	36
1955-56 ...	178,907	34	29	60	61
1956-57 ...	186,275	34	31	58	90
1957-58 ...	202,741	35	33	(a) 55	95

(a) Excludes 37 areas declared licensing planning areas (i.e., 12 Counties (wholly or part of) and 25 County Boroughs).

2. MERCHANT SHIPPING ACTS

The Department performs a variety of functions under the Merchant Shipping Acts. The main items during the year 1957 (the closest period to the financial year for which figures are available) were as follows:—

(1) *Registry of British Ships*.—The Chief Officer of Customs at any port in the United Kingdom approved by the Commissioners of Customs for the Registry of ships is also Registrar of British ships and carries out the registration work under the Merchant Shipping Act, 1894, Part I. During the year ended 31st December, 1957, 17,657 registry transactions were recorded, and 2,016 certified transcripts were issued.

(2) *Sea Fishing Boat Registers*.—Under the Merchant Shipping Act, 1894, Part IV, and the Sea Fishing Boats (Scotland) Act, 1886, all British sea fishing boats must be registered. The Chief Customs Officer at the port or place of registry generally acts as Registrar for this purpose. During the year ended 31st December, 1957, 3,913 registry transactions were recorded in the Sea Fishing Boats registers in England and Wales and 933 in Scotland.

(3) *Mercantile Marine*.—At a number of the smaller ports the Customs Officer in charge acts as Superintendent of Mercantile Marine for the Ministry of Transport and Civil Aviation and in this capacity carries out a wide range of duties connected with the engagement and discharge of ships' crews. During the year ended 31st December, 1957, the crews of 9,131 ships (46,876 men) were shipped and the crews of 8,961 ships (47,801 men) were discharged; 232 orders were issued for payment of wages and effects, and 678 money orders were issued and 8,875 paid; 216 receipts were issued and 457 payments made in connection with seamen's savings banks; and 246 receipts were issued and 1,321 payments made in connection with the transmission of seamen's wages.

(4) *Wreck*.—The coast of the United Kingdom is divided into a number of "Wreck-Areas" and in each area a Customs Officer is appointed Receiver of Wreck by the Ministry of Transport and Civil Aviation. During the year ended 31st December, 1957, 1,132 reports of wrecked property were made and the receipts on account of wreck sold amounted to £70,993.

(5) *Light Dues*.—The collection of Light Dues is undertaken by the Customs and Excise Department principally on behalf of Trinity House. During the year ended 31st December, 1957, 44,916 Light Bills were issued and Light Dues receipts amounted to £3,869,539.

3. MERCHANDISE MARKS ACTS

The Department is responsible for enforcing provisions of the Merchandise Marks Acts relating to imported goods.

The Merchandise Marks Act, 1887, Section 16, as amended by the Acts of 1891 and 1953, gives the Department power to detain

- (a) any imported goods to which are applied marks or descriptions that give a false impression of the character, composition, or country of origin of the goods;
- (b) any imported goods of foreign manufacture bearing
 - (i) a name or trade mark which is, or purports to be, the name or trade mark of any manufacturer or dealer in the United Kingdom,
 - (ii) a mark which is, or purports to be, a certification trade mark, unless the name, trade mark, or certification trade mark is accompanied by an indication of the country of origin of the goods.

The Merchandise Marks Act, 1926, Section 2, provides for the making of Orders in Council to require that particular classes of goods, even though they are otherwise unmarked, must bear an indication of their origin at the time of importation, and gives the Department the power to detain goods not marked as so required.

The following table shows the number of detentions of goods under these Acts and their disposal. The consignments of goods detained which were eventually delivered as imported include consignments where the importers were able to show that the marks did not give a false impression of the origin of the goods or where delivery was allowed under restrictive conditions because the addition, qualification or removal of marks would have seriously damaged the goods.

TABLE 96.—Merchandise Marks Acts : Detentions

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	Consignments Detained			Disposal				
	Total	At the Ports	In the Parcel Post	Delivered			Exported or returned to port of shipment	Seized
				As British returned goods	On addition of an indication of origin or removal of offending marks	As imported		
(1) Detentions under Merchandise Marks Acts, 1887 as amended.								
1953-54 ...	1,976	312	1,664	2	228	49	31	2
				—	37	1,605	22	—
1954-55 ...	1,727	382	1,345	3	279	73	25	2
				—	52	1,265	27	1
1955-56 ...	1,694	504	1,190	7	360	89	42	6
				—	65	1,078	44	3
1956-57 ...	1,387	469	918	6	356	85	18	4
				—	183	717	10	8
1957-58 ...	783	615	168	6	476	92	39	2
				—	84	63	8	13

(2) Detentions under Merchandise Marks Act, 1926.

1953-54 ...	471	408	63	1	385	9	12	1
				—	18	37	8	—
1954-55 ...	706	605	101	1	556	27	21	—
				—	52	23	25	1
1955-56 ...	782	688	94	—	604	58	22	4
				—	37	19	38	—
1956-57 ...	540	482	58	1	433	27	21	1
				—	27	12	18	—
1957-58 ...	497	438	59	—	390	25	23	—
				—	23	18	18	—

4. OTHER FUNCTIONS NOT MENTIONED IN THE REPORT

These include

- The collection and repayment of sugar surcharge under the Sugar Act, 1956 (on behalf of the Sugar Board).
- The submission to the Government Chemist for analysis of samples of certain imported foodstuffs in connection with food and drugs and public health legislation.
- The enforcement of public health regulations in regard to ships and aircraft (on behalf of the Ministry of Health and the corresponding Departments in Scotland and Northern Ireland).
- The performance of certain other non-revenue services (*e.g.* the enforcement of import prohibitions imposed for the safeguarding of animals and plants), on behalf of the Government of Northern Ireland.
- The detention of vessels and cargoes by order of the Admiralty Division of the High Court or other proper authority.
- The enrolment and payment of men for the Royal Naval Reserve (on behalf of the Admiralty).
- The collection of pilotage dues in the Port of London for Trinity House and of harbour and other dues on behalf of the appropriate local authority.

- (h) The enforcement of immigration and emigration controls at certain minor ports (on behalf of the Home Office) and the collection of passenger returns under the Merchant Shipping Acts (on behalf of the Ministry of Transport and Civil Aviation).
- (i) Assistance in enforcing the Sea Fisheries Acts and Conventions.
- (j) Where the gross value of the property of a deceased person's estate does not exceed £500, acting, where necessary, as intermediary in obtaining grants of probate or letters of administration in England and Wales and confirmation in Scotland.
- (k) Ensuring that imported gold and silver plate, unless exempt from assay requirements, is sent to an assay office.



REPORT OF THE MINISTRY OF HEALTH

for the year ended 31st December, 1956

Part I

1. THE NATIONAL HEALTH SERVICE
(including a chapter on International Health)
2. WELFARE, FOOD AND DRUGS,
CIVIL DEFENCE

*Presented to Parliament by the Minister of Health
by Command of Her Majesty
November, 1957*

LONDON
HER MAJESTY'S STATIONERY OFFICE
ELEVEN SHILLINGS NET

REPORT

To the Queen's Most Excellent Majesty

MINISTRY OF HEALTH,
SAVILE ROW, W.1.
October, 1957.

May it please Your Majesty

I beg leave, as Minister of Health, to present to Your Majesty a Report on the work of the Ministry of Health during 1956. The Annual Report of my Chief Medical Officer for the same year will be published separately as Part II of this Report. The Report for 1956 of the Central Health Services Council, my principal advisory body in matters relating to the National Health Service, has already been published with a statement by my predecessor on their recommendations and the action taken to give effect to them.

DEREK WALKER-SMITH,
MINISTER OF HEALTH.

J. M. K. HAWTON,
Secretary.

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SECTION I

THE NATIONAL HEALTH SERVICE

I

THE FINANCE OF THE NATIONAL HEALTH SERVICE

General

To make for easier comparison, the layout of this Chapter has again been designed so as to follow as closely as possible that of the corresponding sections of previous Reports.

The total cost*, in the financial year ended 31st March, 1956, of the services provided under the *National Health Service Acts* amounted, for England and Wales, to about £535,000,000, which was about £40,000,000 more than in the previous year. Part of the cost was met (a) by rates levied by local authorities for local health services, (b) by charges to persons using the services, (c) by superannuation contributions, and (d) by the statutory transfer from the National Insurance Fund; the balance, nearly four-fifths of the cost, amounting in the financial year to about £423,000,000, was met by the Exchequer out of moneys voted by Parliament. Compared with the previous year the cost of the Hospital and Specialist Services went up by £27,000,000, and there were substantial increases in the cost of the Dental, Pharmaceutical and General Medical Services; on the other hand, there was a further reduction in expenditure on the Civil Defence Services. No new charges were imposed during the financial year† and although the payments by persons using the Service were larger in total than in the previous year, they represented the same proportion of the total cost, about 4½ per cent.

Table 1 shows, in the left-hand columns, how much money was spent on each of the main services, and, in the right-hand columns, where the money came from. The figures are approximate. A comparison of this Table with the corresponding Table in the Reports for the immediately preceding years, shows that during those years an increasing part of the total cost (77½ per cent. in 1953/54, 78½ per cent. in 1954/55, 79 per cent. in 1955/56) has been borne by the Exchequer.

* The *total* cost is the amount which has to be met from all sources of finance, Exchequer and other, as shown in Table 1, as distinct from the *gross* and *net* cost to the Exchequer *alone*, as shown in Table 2.

† The revised prescription charges, which came into force on 1st December, 1956, are dealt with in Chapter VII, The Pharmaceutical Services, see page 82.

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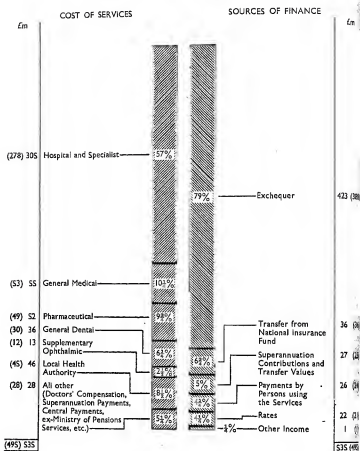
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TABLE 1

*National Health Service
(England and Wales)*

Total Cost 1955/56 and Sources of Finance



The figures in brackets are those for the financial year ending 31st March, 1955.

The Department's Estimates for the Health Service, presented to Parliament before the beginning of each financial year, show the expected gross cost of the Service in England and Wales (excluding, however, local health authorities' own expenditure met from the rates and the payment of charges authorised by the Acts to these authorities, and certain other contributions made by persons using the services) and the expected net cost falling upon the Exchequer after applying income from other sources. The audited accounts for the Service presented after the end of the financial year show the actual gross and net costs on the same basis, compared with the sums voted by Parliament in the National Health Service Vote.

The net expenditure falling on the National Health Service Vote for the financial year ended 31st March, 1956, was £423,796,657 (a saving of £1,795,568 on the estimate of £425,592,225). The income from other sources which was applied to reducing the gross cost of the National Health Service Vote to this figure totalled £67,436,001. Additional income amounting to £591,355 was paid separately into the Exchequer, thus reducing the final charge upon the Exchequer to £423,205,302.

The main source of income was the receipt of £36,279,396 from the National Insurance Fund under Section 37 of the *National Insurance Act, 1946*, which provided, in the case of the main groups of insured persons, for a payment in aid of the Health Service equivalent to 10d. out of each total weekly contribution for men, 8d. for women and 6d. for each boy and girl; in the case of employed persons, 1½d. of these amounts was payable by the employer. The payment thus represented a small fraction only of the full weekly contribution paid by or in respect of insured persons and provided during 1955/56 only about one-fifteenth of the total cost of the Health Service.*

The next largest receipt (£26,596,283) came from superannuation contributions and transfer values receivable under the National Health Service (Superannuation) Regulations, 1950 to 1955; £3,932,429 came from charges to patients by hospital authorities, mainly for private or amenity beds; and some smaller sums came from other sources.

As is shown in Table 1, part of the cost of the National Health Service is borne on the rates by local health authorities, who, after deducting any related income, share the net cost equally with the Exchequer. The amount of the Exchequer grant towards this service in the financial year 1955/56 was £21,754,532, which was made up of advances at the rate of 90 per cent. of the grant on expenditure estimated to be incurred in that year, together with final payments of balances of grant due in respect of earlier years.†

Certain payments towards the cost of services provided under the National Health Service made by persons using them, though included, where known, in Table 1, are not included in the figures set out in the three preceding paragraphs. These are:—

(a) the payments made by patients to dentists and opticians of the charges for dental treatment, dentures and glasses (authorised by the *National Health Service Acts, 1951 and 1952*). These payments amounted in 1955/56 to slightly more than £7,300,000 for dental treatment and dentures, and slightly less than £5,200,000 for glasses;

* On 19th February, 1957, the Chancellor of the Exchequer in the House of Commons declared the Government's intention to double the National Health Service element in the contribution and to establish the increased contributions as separate National Health Service contributions. The National Health Service Contributions Bill introduced for this purpose received the Royal Assent on 17th July, 1957. The increased contributions operated from 2nd September, 1957.

† The Government proposes that the grant shall, from 1st April, 1959, be absorbed into the general grant which is to replace a number of existing specific grants. (Local Government Finance, Cmd. 209, 1957, H.M.S.O., price 1s. was presented to Parliament in July, 1957.)

(b) the payments made by patients of the charges for drugs and appliances, authorised by the National Health Service (Charges for Drugs and Appliances) Regulations, 1952 (S.I. 1952 No. 1021), which came into operation on 1st June, 1952.* The payments amounted in 1955/56 to slightly more than £6,800,000;

(c) the payments made by patients to dentists and opticians for the replacement of dentures and the repair or replacement of glasses, where the loss or damage had been due to the patients' carelessness;

(d) payments made to local health authorities, e.g., for attendance at day nurseries (including meals provided) or for the provision of extra food, nursing and sick-room equipment during illness and convalescence, or for domestic help, estimated at about £2,500,000 in 1955/56.

The amounts payable under (a), (b) and (d), totalling about £21,800,000 in 1955/56, are included in the figure of "Payments by Persons using the Services" in Table 1. Payments under (c) are not so included, because the amount is not exactly known, but it has been estimated that they may have amounted in total to some £50,000.

National Health Service Vote

The following Table shows the expenditure on the main branches of the Service falling upon the National Health Service Votes in the years 1952/53, 1953/54, 1954/55, 1955/56 (based upon the Department's audited accounts) and the expenditure included in the Estimates submitted to Parliament for 1956/57:—

TABLE 2

Analysis of Gross and Net Cost of the National Health Service, 1952-57 (England and Wales)

	Branch of Service	1952/53 (actual Expenditure)	1953/54 (actual Expenditure)	1954/55 (actual Expenditure)	1955/56 (actual Expenditure)	1956/57 (Estimated Expenditure)
		£	£	£	£	£
1	Hospital running costs	241,488,379	251,499,339	265,935,457	291,769,798	319,642,000
2	Hospital capital expenditure* ..	9,747,301	9,290,258	10,697,839	11,364,853	13,188,100
3	Other hospital services	4,690,036	1,498,763	1,392,082	1,429,505	1,444,570
4	General medical services†	75,631,434	51,719,179	52,598,214	54,978,244	58,472,000
5	Pharmaceutical services	42,886,980	39,826,212	42,979,461	44,677,896	53,751,000
6	General dental services	22,089,094	21,479,100	23,618,321	28,888,123	32,284,000
7	Supplementary ophthalmic services	6,034,703	6,790,592	7,387,325	8,016,022	8,653,000
8	50 per cent. grants to local health authorities	18,553,086	20,178,438	21,427,629	21,794,532	23,607,010
9	All other expenditure‡	29,697,676	30,378,716	27,567,292	28,353,685	29,743,645
10	Gross total	450,818,689	432,660,397	453,601,640	491,232,658	540,785,325
11	Receipts applied towards expendi- ture|| .. ..	66,663,428	64,713,240	64,741,350	67,436,001	69,937,650
12	Net total	384,155,261	367,947,357	388,860,290	423,796,657	470,847,675

* Including expenditure on acquisition of land and premises as well as on capital works.

† The abnormal figure in 1952/53 was mainly due to payment of the award to doctors made by Mr. Justice Danckwerts, including sums relating to previous years. The figures for 1953/54 onwards include a normal year's remuneration at the increased rate.

‡ Including Civil Defence £6,861,253 for 1952/53; £4,426,733 for 1953/54; £1,371,338 for 1954/55; £873,644 for 1955/56; £1,004,800 for 1956/57.

§ Including in 1953/54 and onwards provision in respect of transferred services from the Ministry of Pensions and for certain expenditure previously included in Item 3.

|| From 1st April, 1954, provision for purchases for other Government Departments, on repayment, of medical, etc., stores and equipment, including materials for Civil Defence and for the consequential recoveries, has been made in the Ministry of Health Vote—see Table 3.

¶ Including Civil Defence £158,215 for 1952/53; £450,188 for 1953/54; nil thereafter.

Note.—The figures in the above Table show the payments and receipts of cash by the Exchequer during the financial year. The reasons why the figures relating to 1955/56 do not fully agree with the rounded totals in Table 1 are explained in the previous paragraphs.

* See footnote on page 1.

National Health Service Audit

The accounts of boards of governors of teaching hospitals, regional hospital boards and hospital management committees (in relation to hospital services, moneys held on behalf of patients, and trust funds held under Sections 7, 59 and 60 of the *National Health Service Act, 1946*), and also the accounts of executive councils, the Dental Estimates Board and the Joint Pricing Committees, are audited by auditors appointed by the Minister of Health under Section 55 of the Act. The auditors and their staffs comprise a branch of the Accountant-General's Department in the Ministry.

The audits are concurrent and those for the financial year ending on 31st March, 1956, were all completed by 19th October, 1956.

National Health Service auditors also audit the accounts of the General Nursing Council and of Area Nurse-Training Committees, and conduct internal audits of the accounts of the State Hospitals at Broadmoor, Rampton and Moss Side, hospitals for war pensioners and artificial limb and appliance centres.

The accounts of local health authorities are audited by district auditors appointed by the Minister of Housing and Local Government under the *Local Government Act, 1933*.

Other Expenditure

The figures in the first part of this Chapter do not include the administrative costs of the Central Department and of the Welsh Board of Health, or expenditure on services which are not regarded as part of the National Health Service. The main items making up the expenditure for 1955/56 and the expenditure included in the Estimates submitted to Parliament for 1956/57 are given in the following Table :—

TABLE 3
Other Expenditure, 1955-57

	Branch of Service	1955/56 (actual Expenditure)	1956/57 (estimated Expenditure)
		£	£
1	Administration	2,766,737	3,038,280
2	Welfare Foods Service	14,753,084*	36,647,475
3	Other Welfare Services†	162,549	186,300
4	Port Health	111,542	120,000
5	Polish Health Services	426,304	350,600
6	World Health Organisation	381,585	385,750
7	Other services‡	1,154,982	1,251,100
8	Gross total	19,756,983	41,979,505
9	Receipts applied towards expenditure|| .. .. .	14,414,629	3,465,050
10	Net total	5,342,354	38,514,455

* Six months only.

† Including grants towards the cost of providing residential accommodation for the aged, infirm, etc., which (like the local health services grant) the Government proposes should be absorbed into a general grant from 1st April, 1959 (see footnote on page 3 above).

‡ Including Civil Defence £182,258 for 1955/56 and £8,600 for 1956/57 (up to 1st July, 1956, only).

§ Including purchases on repayment for other Government Departments £939,893 for 1955/56 and £1,202,000 for 1956/57.

|| Including recoveries in respect of Welfare Foods Service £12,845,907 for 1955/56 (of which £11,742,500 represented a transfer from the Vote for the Ministry of Food) and £1,629,000 for 1956/57; also recoveries from other Government Departments, etc., in respect of purchases on repayment £1,030,357 for 1955/56 and £1,252,300 for 1956/57.

Expenditure of £14,753,084 was incurred for the six months period to 31st March, 1956, in connection with the Welfare Foods Service transferred to the Department under the Transfer of Functions (Food and Drugs) Order, 1955 (S.I. 1955 No. 959) offset by recoveries from beneficiaries in respect of this service of £1,103,407 and by a transfer from the Vote for the Ministry of Food of £11,742,500. Expenditure estimated for 1956/57 is £36,647,475, offset by recoveries from beneficiaries of £1,629,000.*

On 1st July, 1956, by virtue of the Transfer of Functions (Civil Defence) Order, 1956 (S.I. 1956 No. 825) and the Civil Defence (Designation of the Minister of Housing and Local Government) Order, 1956 (S.I. 1956 No. 824), responsibility for the temporary accommodation and maintenance of persons made homeless was transferred from the Minister of Health to the Minister of Housing and Local Government. Expenditure prior to 1st July, 1956, is included in Item 7 of Table 3.

Purchases of medical, etc., equipment and stores on repayment for other Government Departments, and consequential recoveries, are included in Items 7 and 9 of Table 3; up to 1953/54 they were in the National Health Service Vote and included in Items 9 and 11 of Table 2.

* The decision to increase the price of welfare milk, including National Dried Milk, from the beginning of April, 1957, and so reduce the cost of this service falling on the Exchequer in 1957/58, is mentioned in a footnote in Chapter XVI, Welfare Foods Service, see page 134.

II

HOSPITAL AND SPECIALIST SERVICES

General Review of Hospital and Specialist Services

Last year's Report* drew attention to the fall in hospital waiting-lists which had taken place since 1953. This trend continued in 1956 and by the end of the year the number of patients awaiting admission to hospitals had fallen by a further 24,000 to 431,000, the lowest number since the beginning of the National Health Service and about a fifth lower than in 1950 or 1953, the years when waiting-lists were at their highest.

To some extent this progressive reduction is attributable to a more intensive use of hospital beds. Table 4, which summarises some of the more important figures for the first eight years of the Service, shows that, while the numbers of available and occupied beds have been increased since 1949 by about 6 per cent., the number of patients treated (as measured by discharges and deaths) has risen by some 27 per cent. The greater part of these increases occurred in the earlier years, but the number of patients treated has risen by more than 5 per cent. since 1953, nearly half of this rise being in 1956. This improvement has been achieved with no significant change in the number of available staffed beds in hospitals.

Moreover, compared with earlier years, the number of patients treated in 1955 and 1956 is probably underestimated, since "day-patients" are now distinguished from other in-patients. Before 1955 day-patients were recorded in the statistics of some hospitals as out-patients and in some cases may have been omitted from the statistics entirely. The number of day-patients treated in hospitals was 54,000 in 1955 and 58,000 in 1956.

TABLE 4

Hospitals: Summary of some Important Figures, 1949-56

Tbousands

			Available staffed beds (at 31st December)	Occupied beds (daily average)	Discharges and deaths during period†	Waiting-lists (end of period)
1949	..	..	448	398	2,937	498
1950	..	..	454	403	3,086	531
1951	..	..	462	407	3,259	504
1952	..	..	468	416	3,414	500
1953	..	..	474	424	3,544	526
1954	..	..	477	428	3,630	474
1955	..	..	476	426	3,652	455
1956	..	..	477	424	3,739	431

† Day patients are excluded in 1955 and 1956. The number of such patients in these two years was 54,000 and 58,000 respectively.

* See page 6.

Table 5 shows that 87,000 more patients were treated in National Health Service hospitals in 1956 than in 1955, an increase of 2.4 per cent. Mental and mental deficiency patients treated increased by 9,000 and other patients by 78,000, increases of 7.8 and 2.2 per cent. respectively.

TABLE 5
Hospitals : Discharges and Deaths during 1955 and 1956

	1955	1956	Increase 1955 to 1956	Percentage
All patients*	3,652	3,739	87	2.4
Mental and mental deficiency patients	116	125	9	7.8
Other patients	3,536	3,614	78	2.2

* Excluding day patient discharges numbering 54,000 in 1955 and 58,000 in 1956.

In Tables 6 and 7 an analysis has been made of some of the more detailed statistics in a selection of the principal departments or specialties. These Tables exclude the mental, mental deficiency, convalescent and pre-convalescent units, general practice units, unclassified staff and private pay beds. About 86 per cent. of the total discharges and deaths in the National Health Service hospitals are from departments included in these Tables, while patients awaiting admission to beds in these departments account for 95 per cent. of the total hospital waiting-list.

TABLE 6
Hospitals : Discharges and Deaths, Waiting-Lists and average Waiting-Time in some Principal Departments, 1955 and 1956*

	Discharges and deaths during period		Waiting-lists end of period		Average waiting-time	
	Thousands				Days	
	1955	1956	1955	1956	1955	1956
<i>Non-teaching hospitals</i>						
General medicine	409.2	421.8	5.6	5.3	5	5
Diseases of the chest	64.4	65.1	1.5	0.6	8	4
Other medical	191.0	180.7	1.9	2.1	4	4
Chronic sick	106.1	109.0	9.3	9.4	32	32
General surgery	699.9	696.3	101.0	100.2	53	53
Traumatic and orthopaedic surgery	190.2	198.5	29.4	30.2	56	56
Ear, nose and throat	254.7	265.5	116.7	97.7	167	135
Other surgery	152.5	159.2	38.6	39.7	92	91
Gynaecology	217.7	227.0	42.7	45.2	72	73
Obstetrics	365.3	380.1	—	—	—	—
Others	46.3	50.1	1.2	1.3	10	9

* See footnote to Table on page 9.

TABLE 6—continued

Hospitals : Discharges and Deaths, Waiting-Lists and average Waiting-Time in some Principal Departments, 1955 and 1956*

	Discharges and deaths during period		Waiting-lists end of period		Average waiting-time	
	Thousands				Days	
	1955	1956	1955	1956	1955	1956
<i>London teaching hospitals</i>						
General medicine	35.8	36.8	1.3	1.4	14	14
Diseases of the chest	3.1	3.5	0.1	0.1	15	6
Other medical	17.9	18.7	1.0	1.0	21	20
Chronic sick	0.2	0.1	—	—	—	—
General surgery	51.4	51.6	9.6	9.4	68	67
Traumatic and orthopaedic surgery	12.3	12.8	2.7	3.0	82	87
Ear, nose and throat	24.2	27.6	8.0	6.5	121	87
Other surgery	34.3	36.8	5.9	5.8	63	58
Gynaecology	18.3	19.6	4.9	4.7	99	88
Obstetrics	21.5	21.9	—	—	—	—
Others	8.1	7.7	1.6	1.2	70	55
<i>Provincial teaching hospitals</i>						
General medicine	40.8	40.5	1.4	1.4	12	13
Diseases of the chest†	0.7	1.0	—	0.1	—	—
Other medical	13.9	14.6	0.9	0.9	23	23
Chronic sick	1.2	1.2	0.2	0.1	48	45
General surgery	60.0	59.8	11.4	11.5	69	70
Traumatic and orthopaedic surgery	15.4	15.0	3.1	2.9	74	70
Ear, nose and throat	21.2	20.4	9.2	7.4	157	133
Other surgery	30.7	31.1	11.6	10.1	138	119
Gynaecology	25.1	26.5	9.4	9.1	136	126
Obstetrics	24.8	27.1	—	—	—	—
Others	3.3	3.4	0.1	0.1	10	16

* Excluding mental and mental deficiency, convalescent, pre-convalescent, general practice, unclassified, staff wards and private pay beds.

† Changes in the number of beds allocated to this department make comparison difficult between 1955 and 1956.

In Table 6 discharges and deaths and waiting-lists have been related to show the average time in days which patients spend on hospital waiting-lists before gaining admission to hospitals. Such figures are necessarily averages and cannot be taken as providing more than a broad indication of changes from period to period. It has also to be emphasised that these figures of waiting-time relate only to patients on waiting-lists: they are no reflection of the time taken to admit emergency or other types of cases to hospitals.

The departments with the largest waiting-lists in 1955 and 1956 at all three groups of hospitals shown in the Table are general surgery, ear, nose and throat, other surgical and gynaecology. In general, surgery waiting-lists at non-teaching hospitals and London teaching hospitals declined slightly between 1955 and 1956 and there was a small fall in the estimated waiting-time for admission to the latter. At provincial teaching hospitals waiting-lists increased slightly and there was a small rise in the average waiting-time for admission.

More significant changes appear to have occurred in the ear, nose and throat departments. Between 1955 and 1956 waiting-lists declined at non-teaching hospitals by about 16 per cent. and by about 20 per cent. in both groups of teaching hospitals. The average waiting-time fell by about a month at non-teaching hospitals—an improvement of about 19 per cent. and by 34 days and 24 days at London and provincial teaching hospitals—improvements of 28 per cent. and 15 per cent. respectively. The average waiting-time is now about four and a half months at non-teaching and provincial hospitals and some three months at London teaching hospitals.

Most departments at both teaching and non-teaching hospitals show a definite, although sometimes small, improvement in waiting-lists between 1955 and 1956. In diseases of the chest waiting-lists have been declining rapidly in recent years and this trend has been continued. Waiting-lists are now very small and the average waiting-time is measured in days.

The most significant increases in waiting-lists between 1955 and 1956 were in gynaecology, traumatic and orthopaedic surgery and other surgery at non-teaching hospitals. At the teaching hospitals, waiting-lists in these departments did not increase, apart from traumatic and orthopaedic surgery at the London teaching hospitals.

Changes in the numbers of patients awaiting admission to hospitals may occur for many reasons. The striking change in recent times in the treatment of tuberculosis, commented on in last year's Report of the Chief Medical Officer, is the main factor responsible for the falling waiting-lists in the diseases of the chest departments. More resources allocated to departments with long waiting-lists may also help to improve the speed with which treatment can be given. Some of the improvements in lower waiting-lists and shorter waiting-times, commented on above, have come from the reallocation of resources. It is significant that the departments listed above, where waiting-lists are increasing, all improved their resources as measured by available beds between 1955 and 1956. Overall, however, as has been mentioned in earlier paragraphs, the improvement in the numbers of patients treated in National Health Service hospitals has been achieved with no significant change in the number of available staffed beds. The improved use of resources which this situation reflects is analysed in Table 7 below :—

TABLE 7

Hospitals : Use of Beds in some Principal Departments, 1955 and 1956*

	Patients treated per available bed		Average length of stay in days		Average interval between patients in days	
	1955	1956	1955	1956	1955	1956
<i>Non-teaching hospitals</i>						
General medicine	14.5	14.9	22.6	22.2	2.7	2.3
Diseases of the chest	2.2	2.4	143.2	127.3	19.3	26.3
Other medical	11.1	10.6	20.7	20.6	12.4	13.8
Chronic sick	2.0	2.0	173.2	171.3	9.3	9.7
General surgery	24.1	24.1	13.6	13.5	1.5	1.7
Traumatic and orthopaedic surgery	12.7	13.1	26.7	26.4	2.0	1.5
Ear, nose and throat	45.6	46.5	5.6	5.6	2.4	2.3
Other surgery	17.9	18.1	16.8	16.6	3.5	3.7
Gynaecology	29.2	30.3	11.0	10.7	1.5	1.4
Obstetrics	24.3	25.9	12.0	11.7	3.0	2.5
Others	8.5	9.8	36.6	31.5	6.5	5.9

* See footnote to Table 6.

TABLE 7—continued

Hospitals : Use of Beds in some Principal Departments, 1955 and 1956*

	Patients treated per available bed		Average length of stay in days		Average interval between patients in days	
	1955	1956	1955	1956	1955	1956
<i>London teaching hospitals</i>						
General medicine	14.6	14.8	23.4	23.0	1.5	1.7
Diseases of the chest	4.0	4.8	85.3	65.9	5.3	10.5
Other medical	13.5	13.6	23.4	23.1	3.8	3.9
Chronic sick	2.9	2.0	125.8	174.9	1.6	6.6
General surgery	22.5	22.4	15.3	15.4	0.9	0.9
Traumatic and orthopaedic surgery	12.7	13.2	27.0	26.6	1.6	1.0
Ear, nose and throat	39.4	42.7	8.0	7.7	1.3	0.9
Other surgery	21.2	21.5	15.2	15.5	2.0	1.5
Gynaecology	25.6	27.5	12.6	12.3	1.7	1.0
Obstetrics	25.5	25.7	12.8	12.5	1.5	1.7
Others	12.7	14.3	26.8	23.3	1.9	2.3
<i>Provincial teaching hospitals</i>						
General medicine	19.2	18.8	18.1	18.9	0.9	0.6
Diseases of the chest	4.6	5.0	65.2	52.9	13.3	19.8
Other medical	17.0	18.0	16.6	15.7	4.9	4.6
Chronic sick	3.1	3.0	116.0	119.9	2.4	2.1
General surgery	26.1	26.1	12.5	12.4	1.5	1.7
Traumatic and orthopaedic surgery	21.2	20.6	17.3	18.1	—	—
Ear, nose and throat	45.0	42.4	6.5	6.7	1.6	1.9
Other surgery	23.5	23.2	14.0	14.0	1.5	1.8
Gynaecology	29.4	30.8	11.6	11.1	0.8	0.8
Obstetrics	26.4	28.4	12.0	11.4	1.8	1.5
Others	16.5	15.9	17.0	17.3	5.1	5.8

* See footnote to Table 6.

In Table 7 the use of beds has been measured by the number of patients treated in 1955 and 1956 per available bed, the average length of stay of patients and the average interval between patients in which beds were vacant. Between 1955 and 1956 there was a general increase in the number of patients treated per bed at the non-teaching hospitals. Of the departments listed in the Table the only one in which fewer patients were treated in 1956 than in 1955 was "other medical". It is interesting that this general improvement appears to be due to the shorter period that patients spent in hospital rather than to an improvement in the period for which beds were vacant between successive patients. In each of the departments shown for non-teaching hospitals the average length of stay was, with one exception (E.N.T.), less in 1956 than in 1955. An improvement in the average length of time for which beds were vacant between patients was only achieved in general medicine, traumatic and orthopaedic surgery, gynaecology and obstetrics.

In the London teaching hospitals more patients were treated per available bed in 1956 than in 1955, except in the departments of chronic sick (not an important department in this group) and general surgery. At the provincial teaching hospitals there was no marked change, about half the departments listed treating more patients per available bed and half less. The decline in the average length of stay was, perhaps, more marked in the London teaching group than in the provincial teaching group, but it is not easy in this limited analysis to distinguish any significant trend between the years.

Table 7 also shows some interesting differences between the use of beds in non-teaching and teaching hospitals. Obviously, differences exist between these hospitals in the proportion of emergency cases treated. The broad groupings used may not be directly comparable between the different groups of hospitals. Differences also exist in the average size of hospital and the distribution of hospital resources in relation to population. The teaching hospitals are under greater pressure: in the departments listed in Table 7 they have about 10 per cent. of the available beds and 19 per cent. of the waiting-lists. It is interesting to note that the average interval between patients achieved in the teaching hospitals is often considerably less than that achieved in the non-teaching hospitals. One of the principal reasons for this may be that a higher proportion of admissions to most teaching hospitals is from the waiting-lists and, in London particularly, a smaller proportion of beds is kept free for emergencies.

Table 8 shows a summary of the attendances at out-patient clinics divided between consultative clinics, casualty departments and general practitioner clinics. The consultative clinics have been analysed by department. Overall, the position shows a slight increase in the work of consultative clinics from year to year. There are, however, some interesting differences between the individual departments, of which the steady development of out-patient work in mental illness and mental deficiency is, perhaps, the most noteworthy.

TABLE 8

Out-Patient Departments and Clinics: New Patients and Total Attendances, 1954-56

Thousands

	1954		1955		1956	
	New Patients	Total Attendances	New Patients	Total Attendances	New Patients	Total Attendances
All departments and clinics	11,366	39,115	11,636	39,584	11,827	39,833
Consultative clinics:						
Total	6,767	27,548	6,787	27,645	6,887	27,897
General medicine ..	651	2,609	647	2,625	649	2,678
Diseases of the chest ..	510	2,900	507	2,857	547	2,756
Other medical	826	3,770	815	3,674	820	3,690
General Surgery ..	897	2,922	902	2,920	894	2,915
Traumatic and orthopaedic surgery ..	910	3,668	942	3,754	972	3,836
Ear, nose and throat ..	706	2,119	665	2,085	656	2,066
Other surgical	1,201	4,988	1,173	4,989	1,171	5,008
Gynaecology	337	897	349	921	362	961
Obstetrics	530	2,446	547	2,503	575	2,615
Child guidance	12	106	14	118	15	120
Mental and Mental Deficiency	120	666	127	714	128	773
Others	67	457	97	485	97	480
Casualty departments ..	4,483	11,215	4,728	11,561	4,821	11,559
General practitioner clinics	116	352	120	379	118	377

More detailed hospital statistics, including figures of staff employed in the hospital service, are given in Appendices I to XII.

Capital Development in the Hospital Service

Last year's Report* referred to the programme of capital development at hospitals, estimated to cost £13,000,000 in 1956/57 and £18,000,000 in 1957/58, which had been announced by the Minister in the House of Commons in February, 1955, and to the major schemes from which it was hoped to select work to the value of £17,500,000 to be started before the end of 1957/58.

In pursuance of the policy of giving sufficient notice of future capital programmes to enable hospital boards to undertake forward planning, the Minister announced in the House of Commons on 12th December, 1956, that £20,000,000 would be made available in 1958/59. Of this, £3,000,000 is being allocated specifically for the replacement of worn-out and obsolescent plant, in addition to the £6,000,000 being made available for this in the years 1956-58; and a further £1,000,000 is being set aside for works of modernisation at mental and mental deficiency hospitals.

Mr. Turton also told the House of Commons of an extension of the programme of major building projects which had been announced by his predecessor. Under this programme, hospital boards have been authorised to bring to completion the planning of the second phases of the developments in progress at Greaves Hall Mental Deficiency Hospital, Southport; Balderton Mental Deficiency Hospital; and the West Wales General Hospital, Glangwili; and a number of new projects on the assumption that they can be started in 1958/59. These include: the first phase of a new hospital at Slough; a new dental hospital at Birmingham; the reconstruction of Hillingdon Hospital; extensions to the St. Helen Hospital, Barnsley, to the Orsett branch of the Tilbury and Riverside General Hospital, to Poole General Hospital, to Bridgend General Hospital, to the Luton and Dunstable Hospital, and to Lea Castle Mental Deficiency Hospital near Kidderminster; additional hospital facilities at Kettering; and new out-patient departments at the Royal Northern Hospital, Holloway, Oldchurch Hospital, Romford, and Selly Oak Hospital, Birmingham. It is hoped that schemes to the total value of about £12,000,000 will be started in 1958/59.

During 1956 the detailed planning of many of the schemes in the 1956-58 programme was carried out and building work on some was begun. Of the schemes which were being financed centrally by the Ministry, work on a pathology laboratory and blood transfusion centre at the Newcastle General Hospital was completed and some of the extensions to the Radcliffe Infirmary, Oxford, came into use. Among schemes which were in progress were:

- Balderton Mental Deficiency Hospital, near Newark—Phase I of development.
- Bristol Royal Infirmary—heating scheme, jointly with the University.
- Coventry and Warwick Hospital—extensions.
- Greaves Hall Mental Deficiency Hospital, Southport—Phase I.
- Leeds General Infirmary—new out-patient department.
- Lewisham Hospital—new out-patient department.
- Middlesbrough General Hospital—new accident department.
- Northampton General Hospital—new out-patient department.

These schemes are in addition to those undertaken by hospital boards out of their capital allocations.

The special programme for additional mental and mental deficiency hospital accommodation, announced in 1954, was virtually completed during the year and building schemes at mental and mental deficiency hospitals continued to occupy a prominent place in the capital programme (see page 15 below).

* See page 9.

An analysis of the total hospital capital expenditure incurred from the start of the Health Service to 1st April, 1956, and a similar analysis for 1955/56 are shown in the following Tables :—

TABLE 9

*Analysis of Hospital Capital Expenditure, 1948-56 and 1955/56
(according to type of project)*

Type of project	Percentage of total	
	1948-56	1955/56
New hospitals and major extensions	13.1	22.9
Ward accommodation	19.6	16.2
Special medical departments (including operating theatres and diagnostic departments)	19.3	21.4
Out-patient and casualty departments	7.2	6.9
Accommodation for staff including nurse training	13.3	6.3
Laundries	2.2	1.7
Main kitchens	2.3	1.7
Engineering services	15.0	16.8
Fees for future development	0.4	0.3
Administration (hospitals)	1.3	1.0
Miscellaneous	6.3	4.8
	100.0	100.0

TABLE 10

*Analysis of Hospital Capital Expenditure, 1948-56 and 1955/56
(according to type of hospital)*

Type of hospital	Percentage of total	
	1948-56	1955/56
General	51.2	46.9
Mental and mental deficiency	19.3	28.1
Chronic	5.4	6.0
Convalescent	0.5	0.6
Infectious diseases	0.5	0.3
Maternity	3.0	1.5
Orthopaedic	1.6	1.4
Tuberculosis	4.7	3.5
Tuberculosis and mental deficiency	1.0	0.8
Children	2.0	2.0
Other special	7.9	6.1
Other establishments (clinics, etc.)	1.3	0.8
H.M.C. Offices and Board services	1.6	2.0
	100.0	100.0

Mental Health Services

General

In 1955/56 there was a further increase in the share of mental and mental deficiency hospitals in the total capital expenditure of regional hospital boards. The special allocations of capital for modernising old hospitals began to be used and money was made available to improve feeding standards. The paragraphs which follow deal with these matters and other problems of the mental health services. Clinical developments in the field of mental illness and mental deficiency are described in the Report of the Chief Medical Officer and a statistical analysis of the mental health services is contained in Appendices X and XI.

Bed Deficiency

At the end of 1956 there were 138,215 patients in the designated *mental hospitals*, excluding former public assistance institutions. On recognised space standards, and excluding ward space out of use at the time, these hospitals would have provided 121,213 beds for patients, so that the average overcrowding was 14.0 per cent. compared with 14.8 per cent. last year.

In the *mental deficiency hospitals* the number of beds in use on authorised standards at the end of the year was 48,757, an increase of 1,370 during the year. There were 53,533 patients in residence (including 1,031 on short licence), so that the accommodation in use was overcrowded by 9.8 per cent. compared with 11.7 per cent. at the end of 1955. (If patients on short licence, as well as those on long licence, are excluded from the resident population, the overcrowding percentage was 7.7 at the end of 1956 compared with 8.3 a year earlier.) The names of 6,247 mental defectives (of whom 3,099 were urgent cases) were on the waiting-lists for hospitals, compared with 6,909 at the end of 1955.

Share of Total Capital Allocations

In the Report for 1955* an analysis was made of the share of the capital resources available to regional hospital boards allocated to mental and mental deficiency hospitals. In 1954/55 30.2 per cent. of the total capital expenditure of these boards was incurred on mental and mental deficiency hospitals. In 1955/56 the percentage rose to 34.3. The figures which include expenditure on schemes financed centrally and under the "mental million" plan, are given in the Table below:—

TABLE 11

Share of Mental and Mental Deficiency Hospitals in total Capital Expenditure of Regional Boards 1948-54, 1954/55 and 1955/56

	Mental hospitals	Mental deficiency hospitals	All non-teaching hospitals †	Percentage of total capital spent on mental and mental deficiency hospitals
	£	£	£	
1948-54	4,693,170	3,214,028	39,561,945	20.0
1954/55	1,780,460	1,065,244	9,417,127	30.2
1955/56	1,837,956	1,360,405	9,330,675	34.3
1948-56	8,311,586	5,639,666	58,309,747	23.9

† Including schemes centrally financed, and the residue of the "mental million" plan.

* See pages 13-14.

The details for each Region are shown in the following Table :—

TABLE 12
*Share of Mental and Mental Deficiency Hospitals in total Capital
Expenditure on Hospitals, 1948-56 and 1955/56
(by Hospital Regions)*

Hospital region	Mental hospitals	Mental deficiency hospitals	Total capital expenditure of boards*	Percentage of total capital spent on mental and mental deficiency hospitals	
				1955/56	1948-56
	£	£	£		
1. Newcastle	200,551	90,293	785,339	37.0	30.5
2. Leeds	97,744	120,099	586,650	37.1	22.8
3. Sheffield	173,314	298,965	1,103,774	42.8	32.9
4. E. Anglian	49,019	74,560	325,101	38.0	32.0
5. N.W. Met.	38,907	119,815	678,949	23.4	18.9
6. N.E. Met.	54,723	90,112	447,046	32.4	17.7
7. S.E. Met.	61,574	10,204	547,940	13.0	15.2
8. S.W. Met.	166,880	29,514	938,791	20.9	22.1
9. Oxford	180,768	33,874	436,195	49.2	36.1
10. South Western ..	206,948	43,526	565,850	44.3	25.5
11. Wales	235,254	79,684	750,715	42.0	24.5
12. Birmingham	211,849	81,153	743,085	39.4	24.5
13. Manchester	118,176	95,558	877,027	24.3	18.2
14. Liverpool	42,249	193,048	544,213	43.2	21.5

* Including schemes centrally financed and the residue of the " mental million " plan.

Upgrading of existing Hospitals

Mention was made in last year's Report† of the scheme for modernising mental and mental deficiency hospitals. Much has been done in the past by regional hospital boards to bring about improvements by using the capital resources available to them. But to help the boards with a large number of hospitals which badly need to be modernised, £500,000 was specially set aside for this purpose in 1956/57 and £1,000,000 for each of the years 1957/58 and 1958/59. Boards were advised that the sort of purpose for which the special allocations were intended were sanitary annexes, ward layout and equipment, catering arrangements, and equipment and treatment facilities. They were reminded that the money was intended to be additional to, and not as a substitute for, the inclusion of schemes at mental and mental deficiency hospitals in their ordinary capital programmes.

Numerous schemes have already been completed, are in progress, or are planned to start soon. Examples are : improvement and extension of sanitary facilities ; modernisation and sub-division of old wards, including the provision of clinical rooms, better cloakroom facilities, further day space, patients' lockers and clothing hangers, and improved heating and lighting ; provision of bed lifts ; upgrading of kitchens and cooking equipment ; improvement and extension of dining-room facilities ; facilities for occupational therapy ; re-organisation of old wards to serve as treatment accommodation ; modernisation of hospital stores ; and improvements to staff accommodation.

Non-Statutory Beds outside the Acts

The provision of beds for psychiatric patients outside designated accommodation was described in the Report for 1955.‡ The number of these beds is rising. There are some 3,000 beds in general and neurosis hospitals for early

† See pages 14-15.

‡ See pages 15-16.

psychiatric cases ; 128 beds in short-stay psychiatric units for elderly psychiatric patients ; and 2,335 in long-stay annexes for elderly patients suffering from mental infirmity.

As regards mental deficiency patients, use continues to be made of the arrangements authorised by Circular 5/52 for admissions to mental deficiency hospitals for short periods without legal formality. The arrangement has been adopted at 99 of the mental deficiency hospitals and 2,403 patients were admitted under it during the year.

As an experiment in the Oxford Region, children who are suspected of being maladjusted or mentally defective are admitted without legal formality to Smith Hospital, Henley-on-Thames, which is not an " institution " within the meaning of the *Mental Deficiency Acts*. The number of uncertified children admitted during 1956 was 19 ; of these, after observation and treatment, it was possible to discharge six. Eleven others were transferred to mental deficiency hospitals.

Improvement of Feeding Standards in Mental and Mental Deficiency Hospitals

In the past there have been many criticisms of the dietary and the feeding arrangements in mental and mental deficiency hospitals. The reports of the Commissioners of the Board of Control and of the Minister's dieticians, and comparison of the cost of provisions in these hospitals with costs in other types of hospital, have shown the need for considerable improvement. There is need not only to improve the nutritive value of the diet in many hospitals, but also to serve more attractive meals in conditions more nearly resembling those to which the patients are accustomed in their homes. In order to help regional hospital boards to achieve improvements in standards of feeding a special allocation of £500,000 was made in 1956/57. The improvements introduced with the help of this money are being continued and in addition £400,000 is being allocated in 1957/58 to enable further improvements to be effected.

During the year, regional hospital boards and hospital management committees were told of the Ministry's concern about this matter and suggestions were made to them on the ways in which improvement might be brought about—immediately, by raising the nutritive value of the diet, by reviewing the amount of milk per patient and by increasing the amount of meat and other protein foods in the diet ; and as a more long-term measure, by reviewing the staffing of kitchens and replanning those kitchens where modernisation needed to be undertaken. Many of these kitchens were designed when standards were relatively simple and need extensive replanning, but the special allocations of capital for modernising mental and mental deficiency hospitals and for replacing worn-out plant will help boards to modernise catering services.

Comprehensive Mental Health Services

The extent of the problem of overcrowded mental hospitals could probably be reduced considerably by further development of all the resources of hospital and community care in a comprehensive service. Much has been done in recent years. The work of day hospitals has grown : attendances at psychiatric out-patient clinics rose from 523,218 in 1950 to 762,072 in 1956 ; and domiciliary visits of consultants and senior hospital medical officers from 5,597 to 18,416. Hospital and local health and welfare authorities, with the help of general practitioners, are in different ways concerting measures which not only reduce the mental hospital admission rate, but also accelerate the return of patients to the community after treatment : but the development of these measures depends very much on the availability of staff. The Standing Mental Health Advisory Committee studied the co-ordination of functions of mental hospitals and local authorities and drew particular attention to the successful schemes at Oldham and Nottingham, but the Minister was advised to await the report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency before

taking further action. Allied to these studies are those recommendations of the Committee on Rehabilitation and Resettlement of the Disabled which are specifically directed to the problem of rehabilitating the mentally ill before and after discharge from hospital.* These recommendations are being examined.

Review of Cases of Patients on Licence from Mental Deficiency Hospitals

On 16th March hospital authorities were sent a memorandum (H.M. (56) 25) informing them of the views of the Board of Control about reviewing cases of mentally defective patients on licence. The Board drew attention to the duty of Superintendents and Committees to keep under constant review the cases of all patients on licence, and expressed their concern at the number of mental defectives who continued to be kept on licence for long periods and were not discharged. While appreciating that the circumstances of patients and the period of trial they might need varied considerably, they would normally expect that a patient should be discharged after a trial on licence for 12 months at most, unless there were overwhelming reasons to the contrary. The Board, therefore, asked that the circumstances of patients should be specially reviewed at the end of one year on licence, with a view to discharge if suitable. If it was not possible to recommend the discharge of a patient after 18 months on licence, the Board asked that a report should be sent to them indicating the reasons why discharge could not be recommended.

As a result of this review many patients were discharged from licence during 1956. In the 15 months, January, 1955, to March, 1956, the total number of patients discharged by the Board of Control from licence was just over 1,100. After the issue of the memorandum in March, in the remaining nine months of 1956, there were 2,300 patients discharged from licence.

Mental Health Exhibitions and Publicity

The pictorial panels which were the focal point of the Mental Health Exhibition, launched in London in November, 1955, and described in last year's Report,† and two duplicate sets provided a nucleus for 28 similar exhibitions held in 12 hospital regions in England and Wales during 1956. They ran mostly for three to five days (three continued into a second week) and were attended by over 100,000 people.

The details are set out below :

<i>Hospital Region</i>			<i>Place of Exhibition</i>
1.	Newcastle	.. ..	Durham
2.	Leeds	.. ..	York, Beverley
3.	Sheffield	.. ..	Derby, Sleaford
4.	East Anglia	.. ..	Norwich
5.	N.W. Metropolitan	.. ..	St. Albans
6.	N.E. Metropolitan	.. ..	—
7.	S.E. Metropolitan	.. ..	Eastbourne, Brighton
8.	S.W. Metropolitan	.. ..	Dorchester, Croydon, Tooting, Chichester, Fareham
9.	Oxford	.. ..	Aylesbury, Reading, Swindon
10.	South Western	.. ..	Trowbridge
11.	Wales	.. ..	Carmarthen, Swansea, Cardiff, Newport, Rhyl, Bridgend
12.	Birmingham	.. ..	—
13.	Manchester	.. ..	Manchester, Oldham
14.	Liverpool	.. ..	Liverpool, Blackburn, Warrington

* Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons. Cmd. 9883. 1956. H.M.S.O., price 5s. 6d.

† See page 12.

While the primary object of these exhibitions was to explain the true nature of mental illness and mental deficiency to the public and to show something of modern methods of treatment, the exhibitions also sought to show the fine work being done by hospitals, doctors, nurses and ancillary staff in this important service. It was hoped that the effect of this, coupled with increased remuneration and better understanding of mental disorder, would in the long run assist the recruitment of nursing staff. In fact, during 1956 there was a marked improvement in the figures for student nurses, both male and female, recruited to both mental and mental deficiency hospitals (see page 33 below).

Local publicity during the run of the exhibitions and during the period immediately preceding their opening was very helpful in focussing public interest, and many valuable articles were published in local newspapers, either contributed by psychiatrists and nurses or based on interviews and facilities given to special correspondents, reporters and Press photographers. Many important and authoritative articles appeared also in national newspapers and women's magazines and these made an important contribution to the enlightenment of their readers.

The booklet "The Hurt Mind" which the late Dr. Margaret Jackson was specially commissioned by the Ministry to write was in demand at Mental Health Exhibitions and for other purposes, and 22,000 copies were distributed during the year.

Broadmoor Institution

Numbers Resident

The number of patients under treatment on 31st December, 1956, was 917 classified as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Found insane on arraignment	341	115	456
Found guilty but insane	271	67	338
Certified insane before trial	11	3	14
Certified insane after conviction	103	6	109
	<hr/> 726	<hr/> 191	<hr/> 917

Movement of Population

On 1st January, 1956, there were 929 patients under detention—734 males and 195 females. During the year, 64 males and 10 females were admitted; 17 males and one female were discharged recovered; 32 males and five females were transferred to other mental hospitals, and 23 males and eight females died.

Admissions, Discharges and Deaths

The following table shows the admissions, re-admissions, discharges, and deaths during 1956:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In the Institution on the 1st January, 1956	734	195	929
<i>Males Females Total</i>			
Cases admitted during the year:—			
First admissions	59	10	69
Not first admissions	3	—	3
Transfers from other mental hospitals	2	—	2
	<hr/>	<hr/>	<hr/>
Total cases admitted during the year	64	10	74
	<hr/>	<hr/>	<hr/>
Total cases under care during the year	798	205	1,003

Males Females Total

Cases discharged, removed, and died during the year :—

Discharges, recovered ..	17	1	18
Transferred to other mental hospitals, etc.	32	5	37
Died	23	8	31

Total cases discharged, removed, and died during the year	72	14	86
Remaining in Broadmoor on 31st December, 1956 ..	726	191	917
Average number resident during the year 1956 ..	723	191	914

One male patient who escaped was recaptured within two hours and is, therefore, not shown in this table.

Rampton Hospital

Numbers on the Register at 1st January, 1956 ..	694	395	1,089
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Admissions :—

Under New Orders from :—

Prisons	13	2	15
Courts	5	1	6
Approved Homes	1	—	1
Classifying Schools	4	3	7
Mental Deficiency Institutions—Places of Safety	1	—	1
Mental Hospitals	—	1	1
Own Home	1	1	2
Remand Homes	—	1	1

Total	25	9	34
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Transfers :—

From Institutions for Mental Defectives, Certified

Institutions and Approved Homes	38	43	81
From Moss Side Hospital	3	8	11

Total	41	51	92
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Discharges	6	8	14
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Deaths	4	1	5
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Transfers out :—

To Moss Side Hospital	15	11	26
To other Institutions	30	22	52

Total	45	33	78
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Numbers on the Register at 31st December, 1956 ..	705	413	1,118
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Licence

There were eight males and six females on licence at the beginning of the year. During the year a further 23 males and 31 females were granted licence and at 31st December, 1956, ten males and nine females remained on licence.

Absconders

During 1956, 19 male and four female patients absconded from the Rampton Hospital and all were returned. The Order lapsed in respect of one male

patient who absconded from licence to a certified institution. Three female patients absconded from licence to certified institutions and were subsequently returned to Rampton. In addition, two male patients on licence to private service and to own home absconded and were both subsequently returned to this hospital. Four male patients on licence to agricultural hostels absconded. Of these, two were subsequently returned to Rampton, and two were still absent at 31st December, 1956.

Deaths

During the year, four male patients died, and one female patient died in a hospital for specialised treatment.

Moss Side Hospital

		Males	Females	Total
Numbers on the Register at 1st January, 1956	..	335	134	469
Admissions from :—				
Rampton .. .. .	..	15	11	26
Other hospitals for mental defectives .. .. .	..	20	3	23
Mental hospitals .. .. .	..	1	—	1
Borstal institutions .. .. .	..	1	—	1
Court .. .. .	..	3	—	3
Prison .. .. .	..	2	—	2
Home .. .. .	..	1	—	1
Total .. .. .	..	43	14	57
Transfers to :—				
Rampton .. .. .	..	3	8	11
Other hospitals for mental defectives .. .. .	..	13	7	20
Total .. .. .	..	16	15	31
Discharges :—				
Whilst on licence .. .. .	..	2	1	3
Whilst an escapee .. .. .	..	1	—	1
Total .. .. .	..	3	1	4
Deaths .. .. .	..	4	—	4
Numbers on the Register at 31st December, 1956	..	355	132	487

Licence

Two males and two females were on licence at the beginning of the year to hospitals for mental defectives, one male to a general hospital, and two males on licence to the care of relatives. During the year, six males and three females proceeded on licence to hospitals for mental defectives and one male to the care of relatives. Two males and one female were discharged from licence, and at the end of the year four males remained on licence to hospitals for mental defectives.

Deaths

The deaths of four patients occurred during the year.

Absconders

At the beginning of the year, one female absconder was still on the books. During the year, nine males and four females absconded. Eight males and five females were returned. One male who absconded during the year was discharged from the Act.

Other Special Services

Tuberculosis

The year 1956 saw a still further advance in the campaign against this disease. There are now no significant waiting-lists for admission for institutional treatment, except where individual patients wish to delay admission for reasons of personal preference. Indeed, the change that has taken place in the situation has enabled beds earmarked for respiratory tuberculosis patients to be reduced from 31,900 to 28,598 during the year. The number of new notifications (35,504; 31,342 respiratory) showed a reduction of 7 per cent. on the 1955 figure. The 1956 figure was just over two-thirds of that for 1949. Mortality continued its steep decline with a reduction of 17 per cent. on the 1955 figure. The 1956 figure of 5,375 is only a quarter of that for 1948.

Table 13 shows the general improvement during the past nine years, while figures for institutional treatment and chest clinics for the years 1949, 1955, and 1956 are given in Appendix XII.

TABLE 13

Tuberculosis Statistics, 1948-56

(Figures in brackets relate to respiratory tuberculosis only)

Year	Mortality	Notifica- tions	Hospital beds (at 31st December)		Nursing staff (at 31st December)		Waiting- list (at 31st December)
			Allocated	Occupied*	Whole- time	Part- time	
1948 ..	21,993 (19,088)	52,576 (43,971)	—	—	—	—	—
1949 ..	19,908 (17,559)	52,041 (44,480)	31,273 (27,286)	26,115 (22,767)	4,781	984	10,986
1950 ..	15,969 (14,079)	49,358 (42,435)	33,098 (29,207)	27,782 (24,411)	5,332	1,064	9,578
1951 ..	13,806 (12,031)	49,440 (42,696)	34,120 (30,581)	29,408 (26,397)	5,657	1,173	7,096
1952 ..	10,585 (9,335)	48,093 (41,904)	35,293 (31,963)	29,737 (27,156)	6,040	1,185	6,126
1953 ..	8,902 (7,913)	46,546 (40,917)	35,118 (32,446)	30,442† (28,199)†	6,692	1,615	5,299
1954 ..	7,897 (7,069)	42,348 (36,973)	35,069 (32,593)	30,142† (28,227)†	7,302	1,755	3,017
1955 ..	6,492 (5,837)	38,134 (33,580)	34,057 (31,900)	27,329† (25,744)†	6,618	1,733	1,387
1956 ..	5,375 (4,853)	35,504 (31,342)	30,329 (28,598)	24,478† (23,295)†	6,638‡	1,920‡	632

* Excluding about 600 beds in hospitals outside the National Health Service.

† Average daily number of beds occupied during the whole year.

‡ At 30th September.

The improvement which these facts certainly reflect is not seen as a cause for complacency, but as a challenge to force the ultimate victory of the campaign by a concentrated attack on the remaining centres of resistance. This involves discovering and treating cases now to be found in increasingly recognisable groups and localities, including the use of measures to protect organised groups of children from the risk of infection from those in close contact with them.

Mass Miniature Radiography

During the course of the year, the Minister reviewed the mass miniature radiography service and obtained the advice of the Standing Tuberculosis Advisory Committee on its future development in the light of the general tuberculosis situation referred to above. As described in the Chief Medical Officer's Report for 1955, the use of static M.M.R. units is being increasingly developed and has been found most rewarding, and the Committee agreed that this should be encouraged, mobile units being directed to selected areas and selected groups or to general surveys of the population of areas not so far penetrated at all, rather than to indiscriminate and repeated examinations of large population groups where there is no reason to suspect specially high incidence.

Associated with this review of the mass miniature radiography service was the decision to instal 100 mm. Odelca cameras on an experimental basis, in the out-patient departments of six hospitals in various parts of the country, for the routine chest X-ray of all out-patients attending the hospitals. The first five of these cameras were delivered during the year.

Accommodation of Maltese Patients

Throughout the year, the North East Metropolitan Regional Hospital Board continued to accommodate, at two of its hospitals in Essex, patients sent by the Government of Malta for sanatorium treatment on a repayment basis. The scheme was inaugurated at the end of 1955, and since then 73 patients have been sent, 29 of whom had returned to Malta by the end of 1956.

Provision of Medical and Surgical Appliances

Statistical information on the supply of medical and surgical appliances through the Hospital and Specialist Services during 1956 appear later in this Report.* Most orthopaedic and other appliances are ordered for patients on an individual basis from firms holding Ministry contracts, for which tenders are invited each year. Hitherto these appliances, except for those required for day-to-day needs of the hospitals, have been paid for centrally and hospitals were, therefore, not aware of the cost of the appliances they ordered. A review of this practice led to the conclusion that, as for hospital supplies in general, it was preferable that responsibility for payment for appliances should, as far as practicable, not be divorced from the responsibility for ordering, and with the new contract year beginning in July, 1956, a change was accordingly made in the method of payment to contractors. For direct payments by the Ministry was substituted payment by the hospitals placing the orders, except in the case of artificial limbs, artificial eyes supplied under the Ministry's eye-fitting service, hearing-aids, and invalid chairs and tricycles, which continued to be paid for centrally.

The artificial limb service of the Ministry, based on Roehampton and the other centres, continued to work in close cooperation with hospital consultant staff whose patients were fitted with limbs and trained in their use largely at the

* See Chapter XI, Medical and Hospital Supplies, pages 112-113, and Appendix XIII.

Ministry's Limb Fitting Centres. The Ministry's officers at Roehampton organised, during the year, a number of short special courses for hospital, medical and other staff on various aspects of this work. The research work done at Roehampton is referred to elsewhere in this Report.*

During the year, with a view to eliminating further medical examination after the hospital specialist's recommendation for the issue of an invalid chair or hand-propelled tricycle, the further stage of choosing the most suitable model was also made a hospital responsibility. The Ministry's function thus became mainly the provision of what was prescribed at the hospital. The Ministry continues, however, to handle all applications for power-propelled tricycles, on receipt of the hospital recommendation.

Hearing-Aids

By the end of 1956, the total number of people in England and Wales who had been fitted with Medresco hearing-aids, since the beginning of the Service in 1948, was 526,332. During the year, 60,216 aids were issued to new applicants.

By February, 1957, waiting-lists had fallen from 13,294 in February, 1956, to 8,278, which represents an average wait of about seven weeks.

All aids issued so far have been valve aids, the batteries being carried in a separate case. Work on a transistor monopack aid, suitable for production on mass production lines, was pressed on during the year, and early in 1957 a small batch of aids was delivered for clinical trials under the aegis of the Electro-Acoustics Committee of the Medical Research Council. When production begins it is intended that the first transistor Medresco aids should be given to children.

Hospital Pharmaceutical Services

In that part of this Report which deals with the Pharmaceutical Services, detailed reference is made to the change that was made in the charges payable for prescriptions dispensed by chemists and dispensing doctors.†

From the same date, 1st December, 1956, a corresponding change was made in the charges payable by hospital out-patients in respect of drugs and medicines supplied through the hospital service. To give effect to the change, the Amending Regulations‡ provide that one shilling shall be paid for each quantity of a drug or medicine supplied to an out-patient on any one occasion. If the same drug or medicine is supplied in more than one container a shilling only is payable. Certain classes of persons were exempt from the prescription charge when it became payable in its original form in June, 1952, and those exemptions continue to apply.

The arrangements also continue under which the National Assistance Board refunds payments made by persons receiving National Assistance or by persons who show that, on the Board's standards, payment of the charges would cause hardship.

National Blood Transfusion Service

The strength of the effective civilian donor panels continued to grow. By 31st December, 1956, it stood at 639,319, compared with 591,204 a year earlier—a net increase of 48,115 donors during the year. Of the new civilian donors enrolled 120,701 gave their blood for the first time during the year.

* See Chapter III, Services for War Pensioners, page 45.

† See Chapter VII, The Pharmaceutical Services, page 82.

‡ National Health Service (Hospital Charges for Drugs and Appliances) Amendment Regulations, 1956 (S.I. 1956 No. 1744).

The number of donations of blood also rose, from 759,571 in 1955 to 803,522 in 1956. The total number of calls to donors during the year was 1,380,797; the attendance-rate of donors called to sessions remained unchanged at an average of 51·8 per cent., the figures for individual areas varying from 43·5 to 64·5.

These results could not have been achieved without the cooperation of many people in a variety of different ways. Tribute is due not only to the donors themselves, including those in the Armed Forces who make a substantial contribution each year, but also to the voluntary bodies and voluntary organisers and helpers who assist both in the enrolment and call-up of donors and also in looking after their comfort at donor sessions, and to the many employers in commerce and industry who cooperate with the Service in arranging donor sessions on their premises and allowing their staff and workpeople to give blood in the firm's time.

The steady increase in the number of blood donors and donations of blood each year since 1949 is shown in Table 14 below:—

TABLE 14
Blood Donors and Donations, 1949–56

Year	Number of effective blood donors (at 31st December)	Number of blood donations during the year
1949	369,167	456,973
1950	428,394	523,387
1951	465,137	593,818
1952	487,660	647,009
1953	515,632	659,674
1954	540,389	700,202
1955	591,204	759,571
1956	639,319	803,522

While the demand for blood from the hospitals continues to grow, new donors have come forward steadily to replenish the blood banks and keep the supply of blood and plasma just abreast of the expanding demand for them as new techniques develop. Certain surgical operations and new kinds of treatment now involve the transfusion of very large amounts of blood. If new donors continue to respond in the future as they have done in the past, those donors who must retire will be successfully replaced and further expansion of the panel of donors will be possible, so as to ensure, with the careful use of blood in hospitals, an adequate supply to meet the foreseeable needs of the Service in the next 12 months.

Two regional transfusion centres moved to new accommodation during the year. In April the Centre at Cardiff occupied new premises at Rhydlafar, just outside Cardiff, and in August the new laboratories of the Centre at Newcastle were formally opened. The Newcastle Centre is now established in a new building in which the area pathological laboratory and the laboratory of the Public Health Laboratory Service are also accommodated. Extensions at other Centres were approved or put in hand.

Publicity

As in previous years, the publicity facilities and material provided centrally in support of local recruiting campaigns included press advertising in local newspapers, the hire, where possible, of sites for 16-sheet posters on the hoardings, small posters, street banners, leaflets, pay packet slips and "cut-out" display material.

The shooting of a new information film about the Service ("Blood is Life") was completed and copies became available for use in May 1957. The television services rendered a valuable public service in support of appeals for new donors by showing one or two short (one to two minutes) official filmlets. Both nationally and regionally the Press once again gave helpful publicity to the importance of blood transfusion and the fine spirit of public service shown by blood donors. Both the Ministry and the Regional Transfusion Centres were glad to provide information and facilities on many occasions.

Special Aspects of the Hospital Service

Medical Care of Epileptics

A Report on this subject, prepared by a Sub-Committee of the Standing Medical Advisory Committee under the Chairmanship of Lord Cohen of Birkenhead and approved by the Standing Medical Advisory Committee and the Central Health Services Council, was published in June.* Copies were sent to regional hospital boards and boards of governors on 26th June with some guidance on the implementation of the recommendations affecting the hospital service (H.M. (56) 57). Among these were recommendations for the establishment of centres for the treatment of epileptics—normally under the direct supervision of a neurologist—on the following pattern:—

(a) Diagnostic clinics, predominantly for out-patients, but with associated beds for those who have to be admitted for investigation as in-patients.

(b) Treatment centres for those found on investigation to need admission to hospital, normally for periods of not more than two or three months. These should be closely associated with the diagnostic clinics—normally, though not necessarily, in the same hospitals.

(c) Longer-stay centres for the treatment and rehabilitation of the more difficult cases.

(d) Investigatory units of 30 to 50 beds each for epileptics with behaviour problems, situated in centres where neurosurgical facilities are available.

The Report also recommended that the epileptic colonies should ultimately become part of the National Health Service. On 25th June the Minister announced in Parliament that he did not propose to promote legislation for this purpose. He did, however, commend the alternative proposal in the Report, that, in so far as colonies provide rehabilitation facilities, contractual arrangements should be made between them and the regional hospital boards concerned, by which the boards would be responsible for providing specialist staff and paying the cost of maintaining the patients covered by the arrangements. The extent to which this could be done would, of course, depend on the amount of money available for developments in the hospital service. It was hoped that eventually all patients admitted to the colonies would be dealt with first at one or other of the hospital centres described above, but in the earlier stages most of the beds for which regional boards contracted would probably be occupied by patients already at the colony, chosen as being likely to benefit from active treatment and rehabilitation. As a first step in helping the colonies to develop the services they provide, it was suggested that regional boards, after consulting boards of governors where necessary, should arrange for consultants to visit the colonies regularly.

After a preliminary meeting of representatives of all the authorities concerned at the Ministry in October, the six regional boards having colonies in their areas were asked to discuss the detailed arrangements with the voluntary bodies and local authorities responsible for them.

* Central Health Services Council: Report of the Sub-Committee on the Medical Care of Epileptics. 1956. H.M.S.O., price 1s. 3d.

Towards the end of the year special interest became focused on rehabilitation services, with the publication on 1st November of the Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons.* The Committee, under the Chairmanship of Lord Piercy, had been appointed in March, 1953, jointly by the Minister of Labour and National Service, the Minister of Health, and the Secretary of State for Scotland, and its terms of reference were :—

“To review in all its aspects the existing provision for the rehabilitation, training and resettlement of disabled persons, full regard being had to the need for the utmost economy in the Government's contribution, and to make recommendations.”

The Committee did not feel called upon to comment on the adequacy of the facilities provided by the hospital service in terms of numbers of hospitals, clinics, beds or staff, but directed its attention rather to the use made of hospital resources generally and to the adequacy of the facilities specially concerned with rehabilitation. In the Committee's view the key to the development of rehabilitation in the hospital service was the attitude of the hospital medical staff. To quote their Report : “Comparatively few patients need special measures of rehabilitation ; but all of them benefit from hospital treatment to the fullest extent only when that treatment is conceived and planned from the outset by a doctor who has in mind, all the time, the terminal result and its effect on the patient's working capacity and home life.” One of this Committee's recommendations was that hospital boards “should review and re-organise their present arrangements for the provision of physiotherapy so as to secure a purposeful graduated programme of activity designed to secure full function and to reorient the patient's outlook from that of an invalid to that of a responsible worker.” The Committee also recommended that each major hospital should set up a resettlement clinic, meeting regularly to deal with “problem” cases referred by hospitals, general practitioners and others in the surrounding area.

The Committee expressed the view that the general practitioner “should undertake fuller responsibility than he usually does at present for the rehabilitation and resettlement of his patients.” The Committee also felt that there was a lack among general practitioners of sufficient knowledge, both of the facilities available to them and of the use which could be made of them. It, therefore, recommended that the Department concerned should take the necessary steps to provide the medical profession with the information it needed.

Much attention was paid to the relationship between hospitals and the industrial rehabilitation units run by the Ministry of Labour. The Committee recommended that all new developments for industrial rehabilitation units, or for hospital rehabilitation centres, should be planned with the needs of the other service in mind, and that regional hospital boards should provide specialist services for those attending industrial rehabilitation units.

Among other subjects on which the Committee made recommendations were educational facilities for hospital patients, the provision of industrial courses for suitable mentally handicapped patients before discharge from hospital, and the possibility of providing simple factory work for deteriorated mental patients and low-grade mental defectives by arrangement with local industry.

Generally it may be said that—except for the need, which the Committee found, for expanding the welfare services for the disabled provided by local authorities—the main emphasis of the Report was on the proper use of existing facilities rather than on the provision of new ones ; and attention was drawn to the need for the closest cooperation between the different agencies concerned.

* Cmd. 9883. 1956. H.M.S.O., price 5s. 6d.

At the end of the year, the Report was being studied by the Ministry in conjunction with the Ministry of Labour, the Ministry of Pensions and National Insurance, the Ministry of Education and the National Assistance Board.

Convalescent Arrangements

Following representations received about the difficulties experienced in particular areas in finding beds for patients requiring convalescent treatment, and in providing convalescent accommodation for patients with particular conditions, a Working Party was set up in October to consider these questions, with the following terms of reference :

“ To examine the extent to which the provision of Convalescent Homes in the National Health Service is meeting the demands placed on it in the light of recent advances in medicine and modern conceptions of treatment and nursing care, to review the admission machinery in the London area, and to make recommendations.”

The Chairman of the Working Party is Dr. N. M. Goodman, a Principal Medical Officer of the Ministry, and the members consist of representatives of the King Edward's Hospital Fund for London, the Institute of Almoners, the Royal College of Nursing, the London teaching hospitals, the Metropolitan Regional Hospital Boards, and a general practitioner.

Visits to Children in Hospital

In March 1953, all hospitals were asked in a memorandum (R.H.B. (53) 18) to review their arrangements for allowing visits to children while they were in-patients. At that time there were still a number of hospitals taking the view that such visits might be undesirable, mainly on the grounds that it would unsettle the child, and that at best visits should be infrequent. Over the last few years, however, the position has greatly changed and an inquiry, made after the issue of advice to hospitals, showed that three-quarters of all hospitals were allowing visits at least three days a week. This matter was referred to in some detail in the Report of the Ministry for the year ended 31st December, 1954.*

Although this improvement in the general position was taking place, many particular circumstances were still being cited as reasons against visiting. The advice of the Standing Medical Advisory Committee and the Central Health Services Council was sought on these specific points and these bodies recommended certain ways in which particular difficulties could be overcome, and suggested special safeguards. Six main problems were reviewed, concerning infectious diseases hospitals, visiting on days when there are operating sessions, visits to children admitted for tonsillectomy, daily visiting in mental deficiency and other long-stay hospitals, visiting in remote hospitals and visits to children admitted to adult wards. The advice given was incorporated in a further memorandum (H.M. (56) 6) sent to hospital authorities in January, 1956, and it is hoped that as a result there may now be a yet wider application of the general principle that children in hospital should be visited frequently. Indeed, it was possible in the memorandum to draw the attention of hospital authorities to the arrangements in some hospitals where visiting is entirely unrestricted. Several hospitals in this country have been working on these lines.

Hospitals and the Ambulance Service

In 1954 the Minister asked hospital authorities to review their arrangements for making calls on ambulances and suggested that an officer should be designated to act as transport officer, to co-ordinate all requests for ambulances and to be responsible for all calls on the ambulance service originating in the hospital.

* See pages 26 and 27.

Early in 1956 authorities were asked to report on the steps taken to carry out this suggestion. From the replies received it was clear that most authorities had made specific officers responsible for ordering ambulances, but that there was wide variation in the grades of staff involved and the degree of co-ordination that they were called upon to effect.

In a further memorandum (H.M. (56) 28) to hospital authorities in April the Minister again referred to the need to make special efforts to prevent indiscriminate ordering of transport for patients and to the need for the utmost economy. The practice of a number of hospital authorities of issuing leaflets to hospital doctors and nursing staff responsible for ordering ambulances and sitting-cars stressing the need for economy, and of displaying notices to patients informing them of the circumstances in which ambulances and sitting-cars may be ordered and warning them that delays might occur, was recommended for general adoption. Specimen forms of leaflets and notices were enclosed with the memorandum.

The leaflet for hospital doctors and nurses referred to the marked increase in the cost of the ambulance service since 1948 and particularly in recent years, to the obligation of local health authorities to provide ambulances when authorised by a doctor on medical grounds, and to the special responsibility which, therefore, rested on all doctors to satisfy themselves that transport by ambulance or sitting car was really essential. In view of the major interest of the hospital service (over 60 per cent. of all calls on the ambulance service coming from hospitals), hospital doctors and sisters responsible for ordering transport for patients were asked to consider the following points before authorising the use of an ambulance or sitting car :—

(a) Patients should be expected to make their own way to, or from, hospital if this was reasonably possible and it was, therefore, necessary to balance the patient's condition against the difficulties of the journey. The nature of the patient's disability was not necessarily the deciding factor; for example, in fracture cases the degree of immobilisation may vary, and in some cases the patient's rehabilitation might be retarded by the continuing use of ambulances or sitting-cars.

(b) The possibility of providing necessary diagnosis and treatment nearer home for patients who live some distance away from the hospital.

(c) The advisability of using rail transport for patients obliged to travel a long distance.

(d) Ambulances should not be ordered for patients going on holiday or to places of recreation.

(e) The need for regular conveyance of patients attending out-patient clinics (particularly for physiotherapy) should be reviewed frequently in the light of their progress.

The Minister also stressed that, in his view, responsibility for deciding whether an ambulance was needed should rest with the medical officer in charge of the case, and should only be delegated to nursing staff in quite exceptional circumstances, and suggested a simple method for authorisation by medical officers.

Emergency Admissions to London Hospitals

The Emergency Bed Service, operated by the King Edward's Hospital Fund, provides facilities for general practitioners in the London Area to secure the admission to hospital of emergency cases when direct application for admission has proved unsuccessful. This service has now been in operation for a number of years and the experience in the last seven winters has shown that the demand on the service rises from October until February and that this increased demand

is related largely to patients suffering from respiratory and cardiovascular conditions. Apart from such exceptional instances as an early influenza epidemic or the great "smog" of December, 1952, the main period of difficulty in arranging admissions usually occurs during January and February, if severe weather lasting three or more successive days is experienced. If these weather conditions persist, they produce increased demands for emergency admissions, but, as a rule, only after an interval of five to seven days from the beginning of the cold spell. The increased demand then runs on for a similar period after the cold spell has ended.

In November, 1956, the Ministry issued to the Metropolitan regional hospital boards and the London teaching hospitals a memorandum for the information of the medical and other staff concerned, setting out the experience gained by the Emergency Bed Service and suggesting a number of ways in which hospitals could prepare in advance for the additional load that can be expected in this period. Among the suggestions were: that the number of beds allocated to surgical cases might be reduced to allow for the admission of medical emergencies, that there might be a reduction in the number of patients admitted from the hospital waiting-lists, and that teaching hospitals should be prepared during this period to accept more cases of a kind that they would not normally accept for the purposes of teaching or research.

Hospital Supplies

The Central Health Services Council appointed a Committee on Hospital Supplies in December, 1954, with the following terms of reference:—

"To investigate and report on the organisation of all forms of hospital supplies, including their purchase, storage and issue throughout the National Health Service."

The Committee, which is under the Chairmanship of Sir Frederick Messer, C.B.E., J.P., M.P., made an Interim Report to the Council in June, 1956, which the Council adopted and referred to the Minister.

In the Report,* the Committee dealt mainly with the level at which hospital supplies should be bought, and, after describing the Ministry's general policy on this question, discussed the problem of reconciling the need for the utmost economy and efficiency, in a service financed from public funds (which would normally entail a substantial degree of central purchasing or contracting), with the Minister's policy of delegating to hospital groups the responsibility for the day-to-day administration of the hospitals under their control.

The Committee next considered the method of joint contracting by hospital authorities, as appearing to provide a suitable compromise; this method had previously been recommended by the Minister, but had not been adopted to any substantial extent. The Committee described in detail certain schemes of this kind (covering drugs and dressings, disinfectants and other common user articles) which they had studied, the arguments for and against such schemes, and their own views on these arguments.

In conclusion, the Committee strongly advised all hospital authorities to consider the adoption of joint contracting schemes for supplies of the kind described above, and this recommendation has been commended to hospital authorities by the Minister in a memorandum (HM (57) 25) issued in March, 1957.

The Minister also asked all boards of governors and hospital management committees to review their supply arrangements in the light of the advice given by the Committee, and to report the results of such reviews by 30th September, 1957.

* Interim Report of the Committee on Hospital Supplies. 1957. H.M.S.O., price 9d.

Fire Precautions at Hospitals

In April, 1956, the Ministry sent to hospital authorities a comprehensive memorandum on fire precautions (H.M. (56) 36), based on a study of the special problems of hospitals. In preparing the memorandum the Ministry received many valuable suggestions from hospital officers and are grateful for advice given to them by the Home Office.

This memorandum dealt in detail with possible causes of fire at hospitals and made suggestions for reducing the risk from each. It drew particular attention to the importance of all reasonable steps being taken to reduce the possibility of an outbreak of fire in departments which carry a high fire risk, but where staff are not continuously present, such as rooms used for the storage of X-ray films.

Hospital authorities were advised of the statutory requirements concerning protection from fire, and were asked to seek advice from the chief officer of their local fire brigade about the measures needed at their hospitals and the sufficiency of their fire-fighting water resources. The memorandum stressed the importance not only of fire prevention measures, but of plans being prepared in advance, and of hospital staffs being trained in fire precautions and the use of first-aid fire-fighting appliances, so that if a fire occurred they would know immediately what to do. Hospital boards and committees were asked to keep fire prevention and fire-fighting arrangements under periodic review.

The memorandum has been widely welcomed by hospital authorities.

Radioactive Substances and Radiation

In June, 1956, the Medical Research Council presented the Report of a special Committee on the Hazards to Man of Nuclear and Allied Radiations.* This Report focused attention on a group of subjects which has two aspects that are of special concern to the hospital service—firstly, the protection of hospital staff working with X-rays and radioactive substances, a problem which has been receiving attention since the very earliest days of their use for medical purposes, and secondly, the general effect on the population, particularly from a genetic point of view, of the radiation resulting from diagnostic and therapeutic procedures.

The protection of hospital staff was, before the introduction of the National Health Service, the subject of study and recommendations by the British X-Ray and Radium Protection Committee. The start of the National Health Service coincided with the passing of the *Radioactive Substances Act, 1948*, and the Advisory Committee which was set up under this Act took the place of the earlier Committee. In 1956 the Advisory Committee under the Chairmanship of Sir Charles Darwin, F.R.S., completed the preparation of a Code of Practice, a manual of essential rules and of good practice for use generally in all hospital departments where there is work with ionizing radiations.†

The Code is in three parts. Part A contains rules for departments working with X-rays and gamma ray beam units such as the cobalt and caesium units which are now coming into use in hospitals. Part B contains rules for work with radioactive isotopes. Thirdly, there is a supplement which contains fundamental scientific data on protection problems generally.

The Code is intended specifically for National Health Service hospitals, but is, however, of general interest and usefulness to anyone working with ionizing radiations.

* Cmd. 9780. 1956. H.M.S.O., price 5s. 6d.

† Code of Practice for the Protection of Persons Working with Ionizing Radiations. 1957. H.M.S.O., price 8s., was circulated in June, 1957, with a memorandum (H.M. (57) 55) to hospital authorities.

The second problem referred to earlier, that of the general effect, particularly the genetic effect, of the medical use of ionizing radiations has also received special attention and in the later part of the year action was taken jointly by the Minister of Health and the Secretary of State for Scotland to set up a committee under the Chairmanship of Lord Adrian, O.M., F.R.S., M.D., F.R.C.P., with the following terms of reference :—

“ To review the present practice in diagnostic radiology and the use of radiotherapy in non-malignant conditions, having regard to the report of the Committee of the Hazards to Man of Nuclear and Allied Radiations, and to make recommendations. ”

Work has continued, or been started, during the year on a number of other special aspects of the general problems of radioactivity. Expert panels were at work, under the auspices of the Radioactive Substances Advisory Committee, to consider the use of pedoscopes in shoe shops, the provision of standard dosimeters, standards of protection for teletherapy units, the disposal of radioactive corpses, the disposal of radioactive wastes, the use of isotopes in technical colleges, problems of fire hazards in hospital departments where there are large radioactive sources, and the radiation hazards from miscellaneous sources of radiation—for example, luminous clock dials and television sets.

Staffing the Hospital Service

Consultants and other Medical and Dental Staff

No change was made during the year in the arrangements, described in the Reports for 1953 and 1955,* for controlling the medical and dental staff employed by hospital boards.

The total number of consultants employed in the National Health Service, including those employed by the Board of Control and in the Public Health Laboratory Service, at the end of each of the last seven years is shown in the following Table :—

TABLE 15
*Number of Consultants (Whole-time and Part-time),
1950-56*

Year	Total number employed	Increase during the year	Percentage increase during the year
1950	5,649	460	8.9
1951	5,882	233	4.1
1952	6,250	368	6.2
1953	6,406	156	2.4
1954	6,510	104	1.6
1955	6,650	140	2.1
1956	6,739	89	1.3

The distribution of consultants over the specialties at the same dates is given in Appendix IV.

During 1956, the Ministry approved applications by hospital boards for increases in hospital consultant staff equivalent to 94 whole-time consultants. In 1955, these approvals amounted to the equivalent of 85 whole-time consultants.

* See page 34.

Distinction Awards for Consultants

In 1956, Mr Harold C. Edwards and Dr. R. S. Aitken were appointed to the Standing Advisory Committee in succession to Sir James Paterson Ross and Sir John Stopford.

The membership of the Committee at 31st December, 1956, was :—

Lord Moran of Manton, M.C., M.D., F.R.C.P. (*Chairman*)
 Sir Horace Hamilton, G.C.B. (*Vice-Chairman*)
 R. S. Aitken, Esq., D.Phil., M.D., F.R.C.P., F.R.C.A.P., Hon.L.L.D.
 Sir Walter Russell Brain, Bart., M.A., D.M., P.R.C.P.
 Professor Andrew M. Claye, M.D., F.R.C.S., F.R.C.O.G.
 Professor D. M. Dunlop, M.D., F.R.C.P., F.R.S.
 Harold C. Edwards, Esq., C.B.E., M.S., F.R.C.S.
 W. W. Galbraith, Esq., F.R.C.S.E., F.R.F.P.S.G.
 J. M. Graham, Esq., F.R.C.S.
 J. T. Ingram, Esq., M.D., F.R.C.P.
 A. J. McNair, Esq., M.A., F.R.C.S., F.R.C.O.G.
 Professor G. W. Pickering, M.A., F.R.C.P.
 Sir Harry Platt, M.D., M.S., P.R.C.S.
 J. H. Sheldon, Esq., C.B.E., M.D., F.R.C.P.
 Professor B. W. Windeyer, F.R.C.S., F.F.R.

The number of awards in England and Wales recommended by the Committee and current at 31st December, 1956, was :—

269 "A" awards (£2,500 per annum)
 673 "B" awards (£1,500 per annum)
 1,347 "C" awards (£500 per annum).

Senior Registrars

A table giving the number of senior registrars in each specialty in each year of training appears in Appendix V.

*Nurses and Midwives**Nursing Staff*

All Hospitals.—Statistical information about hospital nursing and midwifery staff in post is now obtained from hospital authorities at 31st March and 30th September each year. Accordingly the variations referred to below relate to the nine months period ending 30th September, 1956.

The number of student nurses increased by 2,664 from 48,834 to 51,498, the highest number recorded since the introduction, in 1948, of the National Health Service. This represents an increase of 22.3 per cent. in men students and 4.2 per cent. in women students. The number of whole-time trained nurses decreased by 163 from 50,878 to 50,715; part-time trained nurses increased by 695 from 11,037 to 11,732. The number of whole-time enrolled assistant nurses decreased by 224 from 10,140 to 9,916 while the number of part-timers increased by 65 from 5,853 to 5,918. The number of pupil assistant nurses increased by 171 from 3,828 to 3,999.

The numbers of nursing auxiliaries and others without qualification and not in training, increased by 209 from 20,595 to 20,804 whole-time and by 1,878 from 14,697 to 16,575 part-time.

Mental and Mental Deficiency Hospitals.—In the mental and mental deficiency hospitals there was an encouraging increase in the numbers of student nurses, which have been declining steadily for many years. The number of student nurses rose by 825 from 4,102 to 4,927; men students by 332 (20 per cent.) and women by 493 (also 20 per cent.). The rate of increase was 19 per cent. in

mental hospitals and 23 per cent. in mental deficiency hospitals. This marked improvement may be due in part to changes in the general employment situation, in part to the increased training allowances which came into force on 1st April, 1956 (see page 119), and also in some degree to the various measures taken by hospital authorities and the Ministry over the past few years and described in previous Reports.

The number of trained whole-time male nurses in mental hospitals continued to decrease slightly (from 7,435 to 7,319). This trend is clearly due to the very small numbers of student nurses trained in recent years and it will, of course, be some time before the increase in the numbers of student nurses is reflected in the numbers of trained staff. In mental deficiency hospitals the numbers of trained whole-time male nurses showed a slight increase (from 1,936 to 2,001). The number of whole-time male nursing assistants in mental hospitals decreased from 1,569 to 1,427, but in mental deficiency hospitals rose slightly (from 961 to 982); the numbers of part-timers showed no appreciable change.

On the female side the numbers of trained nurses showed little change; there was a slight decrease in mental hospitals (from 3,729 to 3,721 whole-time and from 1,539 to 1,512 part-time). In mental deficiency hospitals, on the other hand, there was a slight increase in the numbers of trained women nurses (from 1,225 to 1,249 whole-time and from 401 to 422 part-time). The number of whole-time women nursing assistants in mental hospitals rose slightly (from 3,273 to 3,280) and in mental deficiency hospitals more sharply (from 1,491 to 1,651); the numbers of part-timers also rose from 4,952 to 5,129 in mental hospitals and from 1,708 to 1,958 in mental deficiency hospitals.

Midwives

The number of whole-time midwives decreased by 38 from 5,362 to 5,324, while the number of part-timers increased by 41 from 1,286 to 1,327. The number of pupil midwives decreased by 151 from 3,710 to 3,559. The difficulty of obtaining enough trained midwives to serve the needs of the maternity hospitals continued to cause concern. It is clearly not due to any shortage of pupil midwives, but rather to the apparent reluctance of newly trained midwives to practise the profession for which they are qualified.

Nursing Assistants

Courses of instruction for nursing assistants, to which reference was made in last year's Report*, continued to develop and at the end of the year such courses were instituted in 73 hospitals and a further 21 courses were being planned; certificates were issued during the year to 517 successful candidates.

Nursing Recruitment Publicity

The main publicity effort during 1956, as in the previous year, was directed to the recruitment of nursing staff for mental and mental deficiency hospitals. This was associated with the Mental Health Exhibitions which were held in various hospital regions (see page 18 above).

Recruitment of Nursing Staff from the British Colonies

A memorandum (H.M. (56) 51) issued to hospital authorities on the 19th June, 1956, notified them of a change in the procedure for the recruitment of colonial subjects as nursing students or staff. Experience had shown that it would be an advantage if hospital authorities were put in direct contact with authorities in the colonial territories for the purpose of checking references and educational qualifications and obtaining a medical examination and report on a candidate while still overseas. The territories concerned had agreed to

* See page 37.

reconstitute their nursing selection committees or appoint an official correspondent to be responsible for advising local applicants and for keeping in touch with the authorities in the United Kingdom in regard to applications from prospective nursing candidates in their territories.

Secondment of Student Nurses between General and Mental Hospitals

The series of meetings planned in 1955, to be held with representatives of each regional hospital board and of the associated mental and mental deficiency hospitals which are nurse-training schools, was completed in 1956. By the end of the year the results were only beginning to appear. While it was clear that some progress was being made, in many areas there were still difficulties to be overcome. Some highly successful schemes have been developed, notably in Cambridge and by some London teaching hospitals.

On 31st December, 1956, the number of student nurses seconded was 58.

Secondment of Student Nurses to Sanatoria

Schemes for seconding student nurses and pupil assistant nurses for a period to tuberculosis sanatoria continued and developed. On 31st December, 1956, the number of student nurses seconded was 255 and the number of pupil assistant nurses 13.

Experiments in Group Assignment

At the end of the year the Standing Nursing Advisory Committee was considering the final report on the experiments to which reference was made in the last Annual Report.*

Remuneration and Conditions of Service of Nursing and Midwifery Staff

The changes in salaries and training allowances which were introduced during the year are dealt with elsewhere in this Report.†

Administrative Staff: Recruitment and Training

Following recommendations made by the Whitley Council for Administrative and Clerical Staffs, the Minister issued a memorandum (H.M. (56) 32) on 17th April to hospital authorities, outlining the principles which should govern satisfactory arrangements for the recruitment and post-entry training of administrative and clerical staffs in the hospital service, and promulgating a national scheme for post-entry training and education, for improved standards of recruitment for junior staff, and for the special selection and training of officers who might be expected to be capable of filling senior administrative posts.

Hospital authorities were advised to continue to seek recruits with satisfactory educational qualifications, and not to overlook those with a secondary education up to the age of 18. The importance of modern methods of selection was emphasised.

The memorandum dealt comprehensively with the assistance that hospital authorities should give to young people under 18 for their further education, and to officers who wish to follow courses of study that would be of value to the National Health Service. At the same time, the opportunity was taken to consolidate and bring up to date existing provisions with regard to the attendance of officers at refresher courses, conferences, and summer schools.

* See page 38.

† See Chapter XII, The Whitley Councils for the Health Services, page 119.

An important feature was the request to hospital authorities to set up schemes for post-entry training, which would enable staff to gain experience of different types of work through transfer at reasonable intervals from one department to another, and for selected staff to be seconded to authorities, other than those in which they are serving, in order that they might acquire a wide administrative experience.

The memorandum also announced the institution of a national scheme (covering Scotland as well as England and Wales) for the selective recruitment and training of a small number of candidates, from within and outside the service, who might be expected to be capable of future promotion to senior posts. Sixteen training posts were established, and the selected candidates undertake a three-year training period including practical experience in different types of hospitals and hospital authorities as well as theoretical work. In their third year trainees will occupy administrative posts on the staff of a Board or Committee, and at the end of their period of training they will compete for suitable appointments in the hospital service in the normal way. The Hospital Administrative Staff College of the King Edward's Hospital Fund for London, and the University of Manchester are responsible for the training of the selected candidates.

For the 16 training posts offered in 1956, 515 applications were received, but 55 of these were from candidates who were not eligible. Of the 460 eligible candidates 143 were already in the hospital service and 317 were outside the service, including 101 undergraduates and 166 graduates. Of the 16 finally selected, six came from the hospital service and the remainder from outside, including two women.

Hospital Organisation

Review of Hospital Management Committee Groups

The Guillebaud Committee considered the present grouping of hospitals for the purpose of management by hospital management committees in paragraphs 235-241 of their Report.* The Committee suggested that the time had come for regional hospital boards to review hospital groupings and, in particular, to consider whether it would be in the interests of sound and economical management to split up some of the large groups and to amalgamate some of the very small groups. By very small groups they had in mind those which consisted of one hospital unit with relatively few beds and for which a separate hospital management committee seemed to be unnecessary. The Committee favoured the "satellite" type of group as being the most appropriate and suggested that large groups might be broken down where practical to bring them into line with this concept of the ideal hospital group. They considered, however, that it was desirable to provide separate management committees for mental hospitals and mental deficiency hospitals.

The Minister accepted the Committee's conclusion that hospital groupings should be reviewed, and in August regional hospital boards were asked to conduct such a review in consultation with the management committees concerned and to submit to the Minister any proposals that might result in the regrouping of hospitals in their area. The boards were asked to take into account the various suggestions made by the Guillebaud Committee as well as their own experience of the size of group which appeared to them to be the most suitable for efficient administration.

This review was still in progress at the end of the year.

* Report of the Committee of Enquiry into the Cost of the National Health Service. Cmd. 9663. 1956. H.M.S.O., price 9s.

Medical Membership of Hospital Authorities

The Guillebaud Committee recommended, in paragraph 262 of their Report*, that the total number of medical members on a regional hospital board or hospital management committee should not exceed 25 per cent., save in exceptional circumstances. After considering the views of the bodies concerned in recommending candidates for membership or their representative associations, the Minister decided to accept the Guillebaud Committee's recommendation and a memorandum (H.M.(56)111) was issued in December indicating that the Minister proposes normally to observe the proportion of 25 per cent. as a maximum and asking regional boards to do the same in making appointments to management committees.

The Minister also considered the medical membership of boards of governors which was not the subject of a specific recommendation by the Guillebaud Committee. Because of the need to provide not only for the nomination of members by the hospital medical staff, but also by the University whose nominees might appropriately in some instances be medical, special considerations apply to the membership of boards of governors and the Minister decided that it was not appropriate to seek to observe a maximum of 25 per cent. The opportunity was, however, taken in the memorandum of drawing the attention of regional hospital boards to the desirability when making their nominations for membership of boards of governors of securing a reasonable balance of lay representation. The Minister also asked the Committee of Vice-Chancellors and Principals for their assistance in refraining from including more than a small number of medical members in the nominations by the Universities.

Hospital Organisation and Methods Service

During 1956, the Hospital Organisation and Methods Service was engaged on comparative studies of a number of particular topics at different hospitals and, in addition, conducted assignments at individual hospitals. There was no diminution in the number of requests for advice from hospital authorities and at the end of the year there were more individual assignments on hand than at the end of 1955. In general, the sort of assignments offered and the work done included a higher proportion of large-scale assignments than in previous years.

In particular, a study of the domestic service arrangements at a large hospital was completed, using, with good results, the technique of "activity sampling" not, so far as is known, previously used in the Hospital Service for a large-scale enquiry of this kind. An examination of the portering services at another hospital was started and the administrative arrangements at a number of chest clinics were studied.

* Cmd. 9663. 1956. H.M.S.O., price 9s.

The assignments offered, completed and in hand since the setting up of the service in 1954 are shown in the following Table :—

TABLE 16
Organisation and Methods Service, 1956

Subject	Offered up to December, 1956	Completed by December, 1956	In hand
Stores and supplies	6	6	—
Medical records	15	13	2
Medical shorthand typists	6	4	2
Registry	2	2	—
Statistics	1	1	—
Finance and accounts	10	10	—
Salaries and wages	3	3	—
Blood Transfusion Service	2	1	1
Mass radiography	1	1	—
Committee arrangements	1	1	—
Out-patient arrangements	6	6	—
Clinic organisation, including chest clinics	6	3	3
Works department	3	2	1
X-ray clinical procedures	2	2	—
Domestic services	4	3	1
Laundry and linen arrangements	3	2	1
Pharmacy department	1	1	—
Pathological laboratory	1	1	—
Inventories	1	1	—
General administration	2	—	2
Study of work in dining-room and kitchen	2	—	2
Portering services	1	—	1
Architects department	1	—	1
Hospital building proposals	1	—	1
Total ..	81	63	18

The comparative studies in hand at the end of the year, including those which stem from the conduct of individual assignments, were as follows :—

- Methods used to produce statistical data.
- Survey of methods of analysing hospital expenditure.
- Stores accounting.
- Out-patient waiting-time.
- Chest clinic administrative arrangements.
- Inventory arrangements.

It is hoped that some of these studies will produce information which can usefully be published for the assistance of hospital authorities generally.

Hospitals and the Press

In July, 1956, a memorandum was sent to all hospital authorities (H.M. (56)58) commending to them a set of guiding principles and a routine procedure for answering press inquiries about the condition of individual patients. The recommended routine procedure annexed to the memorandum had been approved in May by the Conference of Representatives of the Medical Profession and the Press (which held the first of a series of meetings in March, 1955, and to which the Ministry was invited to send observers) and took account of points made by the Ministry after consulting representatives of the hospital service earlier in the year.

The memorandum, while emphasising the importance of preserving the confidential relationship between hospitals and their patients, recognised the reasonable desire of the Press to be provided with information in cases of public interest. The Minister said that he regarded the maintenance of good relations and the promotion of mutual confidence between hospitals and the Press as an important aim, to which observance of the agreed procedure could usefully contribute. He made it clear that it must, in his view, be for each hospital authority to determine what its action in the matter should be, whether generally or in a particular case, but, subject to this, he commended the procedure to hospital authorities and put forward the recommendations as guiding principles which hospitals could reasonably adopt.

The procedure drew a distinction between sickness cases and accident cases as follows :—

" Sickness Cases

" 2. Information should not be divulged to the Press without the consent of the patient beyond the statement that the person named in an enquiry is a patient. Where, however, even this statement would be deleterious to the patient's interests, his presence in the hospital should not be disclosed without his consent. For example, in certain special hospitals, such as mental hospitals and sanatoria, where the mere admission of the patient implies the nature of the diagnosis, no information should be given to the Press without the patient's consent, and that of the doctor in charge, who should satisfy himself that to give the information would not be prejudicial to the patient's interests.

" 3. In the case of well-known people (and subject always to the patient's consent), a brief indication of progress may be given, in terms authorised by the doctor in charge.

" 4. In the circumstances referred to under 2 and 3, where the patient is too ill to give his consent, or is a minor, the consent of the nearest competent relative should be obtained.

" Accident Cases

" 5. (a) Individual Cases. The Press should be given, on enquiry only and at the time of the enquiry or as soon as possible afterwards, the name and address of the patient and a general indication of his condition, but not necessarily a diagnosis. The patient's relatives should, if possible, be informed before any statement is given to the Press ; but if it has not been possible to do so, this should be made clear to the Press. Further information should be given only with the patient's consent. Where the patient is too ill to give his consent, or is a minor, the consent of the nearest competent relative should be obtained.

" (b) Multiple Cases. In accidents involving a number of people (for example, a railway or air accident) all reasonable steps should be taken to ensure that relatives of the injured have been informed before the publication of names, bearing in mind the necessity of early publication to dispel the anxiety of the next-of-kin of all other persons who were, or might have been, involved in the accident. Further information should be given only with the patient's consent. Where the patient is too ill to give his consent, or is a minor, the consent of the nearest competent relative should be obtained.

" 6. Hospitals admitting accident cases should maintain a casualty book or other similar records by reference to which enquiries may be answered. "

18
The procedure went on to recommend various measures for dealing with Press inquiries, recommending that a sufficiently experienced and responsible officer should be nominated in each hospital for this purpose. Finally, it was observed that satisfactory cooperation between hospitals and the Press depended on the observance of conduct that would promote mutual confidence and good personal relations.

The procedure was generally welcomed by hospitals, doctors and the Press and such evidence as was available at the end of the year indicated that it was working satisfactorily.

Hospital Finance

Maintenance Expenditure

General Estimates Procedure

For some years regional hospital boards and boards of governors of teaching hospitals have submitted to the Ministry by the end of November a forecast of the amount required in the coming financial year

(a) to maintain services at the level likely to be reached at the beginning of the year, and

(b) to meet the cost of necessary developments and improvements likely to come into operation during the year.

After the forecasts have been examined and the total amount likely to be available for the hospital service has been determined, regional boards and boards of governors have been notified in February of the sum it is proposed to allocate to each board for the year, subject to the ultimate approval by the Government and by Parliament of the Estimates for the National Health Service. Regional boards have then notified to their hospital management committees the sums likely to be made available to them and boards and committees have drawn up their detailed estimates for the coming year, usually under a limited number of sub-heads, for the approval of the Ministry (in the case of regional boards and boards of governors) and of the regional boards (in the case of hospital management committees).

The allocation made to boards and committees have been subject to adjustment later in the year in respect of the cost of wage awards and in respect of the effect of variations in the prices of goods and services. If necessary, a Supplementary Estimate has been presented to Parliament to cover the cost of these additional allocations.

At the time of the preparation of the forecast estimates for the coming year, boards and committees have also prepared revised estimates, within the authorised totals, for the current year and any necessary approvals have been given for transfers between the sub-heads already approved.

Summarised Hospital Accounts

Section 55 of the *National Health Service Act, 1946*, requires a summary of the accounts of regional hospital boards, boards of governors, and hospital management committees, together with the Report of the Comptroller and Auditor-General thereon, to be presented annually to Parliament. These accounts are prepared on an income and expenditure basis, whereas the Ministry's own accounts (see page 4) are on a receipts and payments basis. Details of the gross and net expenditure of hospital authorities in 1955/56 and the comparable figures for 1954/55—based on the Summarised Accounts for each of the two years*—are set out in Appendix XIV.

* H.C. 130 of 1957 and H.C. 268 of 1956.

The following Table shows the gross hospital maintenance costs for 1955/56, together with a percentage analysis under the main sub-heads of expenditure :—

TABLE 17

*Gross Maintenance Costs of the Hospital Service, 1955/56**

Salaries and wages :—	£	£	%
(i) Medical	31,704,030		
(ii) Nursing	68,725,857		
(iii) Other	85,723,842		
		186,153,729	61.0
Provisions		36,413,156	11.9
Fuel, light, power, water and laundry		22,656,585	7.4
Drugs and dressings, etc.		10,573,654	3.5
Maintenance of buildings, plant and grounds		12,316,587	4.0
Medical and surgical appliances and equipment		8,433,233	2.8
Domestic repairs, renewals and replacements		8,143,611	2.7
Staff uniforms and patients' clothing		3,381,945	1.1
Other expenditure		16,966,698	5.6
Total		305,039,198	100.0

* Based on gross expenditure. Direct credits amounted to £25,233,433—see Appendix XIV.

The net expenditure on revenue account in 1955/56 (£289,122,446) exceeded that for 1954/55 by rather more than £24,000,000. In 1955/56 the price of goods and services purchased by hospitals were about 5½ per cent. above the 1954/55 levels, representing about £5,500,000 and the additional cost of wage awards in the same year was about £9,000,000. The remainder of the increased expenditure in 1955/56 can be attributed to the following causes :—

(a) The effect of normal increments in salary scales and an increase in the National Insurance contributions payable by hospital authorities as employers (£2,000,000).

(b) Increases in the level of expenditure on maintenance of buildings, plant and grounds (£3,000,000) and domestic repairs and renewals (£1,000,000). The level of expenditure under these headings had been severely reduced in 1954/55 in order to help finance other necessary expenditure in that year and special funds were made available in 1955/56 to redress the situation as far as possible.

(c) Other developments and improvements (£3,500,000).

Hospital Cost Accounting

Reference was made in the Report for 1955† to the decision of the Minister to give effect to the main recommendations in the Report of the Working Party set up to devise a scheme of costing the departments and services of a hospital‡. Preparations were begun in 1956 for the introduction of the revised system on 1st April, 1957.

The Working Party's Report recommended the introduction, by stages, of a full departmental and unit costing system (the Main Scheme) which would show not only on what items expenditure was being incurred, but also to what extent the different departments were contributing to that expenditure. Initially,

† See page 41.

‡ Report of the Working Party on Hospital Costing. 1955. H.M.S.O., price 2s.

the Main Scheme is being operated in some 200 hospitals—principally acute and mainly acute hospitals having an annual expenditure of £150,000 or more. For the present, no board of governors or hospital management committee is required to operate the Main Scheme in more than one hospital.

For all other hospitals, an improved version of the existing costing system was recommended and these hospitals will produce initial unit costs for certain departments based on the principal direct expenses (salaries and wages and materials) of those departments. The first figures to be published nationally under the new arrangements (that is, those for 1957/58) showing comparisons between the costs at different hospitals, will not be available before the latter part of 1958. The Minister has, however, asked hospital authorities to prepare interim cost statements at frequent intervals during the year for their own internal use.

For the years 1955/56 and 1956/57 the simple uniform system of hospital cost accounting based on the subjective headings of the financial accounts continued in operation. Statements of costs are submitted by boards of governors and hospital management committees in England and Wales for each of the principal institutions under their control; these statements are collated and the patient costs for each institution published annually. The primary object of the published summary is to enable comparisons to be made by hospital authorities themselves between the costs of comparable hospitals and between those costs and regional and national averages; differences in the figures may suggest investigations which might result in improved efficiency and economy.

The summary for the year ended 31st March, 1956, was published in December, 1956*, in similar form generally to that for the previous year. The national average costs per week of maintaining an in-patient in 1955/56 for the main types of hospitals administered by regional hospital boards and hospital management committees are shown in Table 18, while the average weekly in-patient costs for that year for hospitals in the Acute Group administered by boards of governors of teaching hospitals for (a) London and (b) Provinces are shown in Table 19.

TABLE 18

National Average Cost of maintaining In-Patients, 1955/56

(Hospitals administered by Regional Hospital Boards and Hospital Management Committees)

Classification of hospital	Weekly in-patient cost	Classification of hospital	Weekly in-patient cost
	£ s. d.		£ s. d.
Acute	17 15 0	Isolation	20 19 5
Mainly acute	16 7 3	Maternity	19 7 11
Partly acute	13 4 4	Mental illness	5 6 6
Mainly long-stay	11 8 6	Mental deficiency	5 0 6
Long-stay	7 15 9	Orthopaedic	14 9 9
Chronic	7 18 7	Tuberculosis and Chest	12 11 3
Pre-convalescent	10 12 9	Tuberculosis and Chest and Isolation	16 7 4
Convalescent	8 7 2	Children's (acute)	18 7 0
Rehabilitation	8 10 6	Eye	14 11 6

* Hospital Costing Returns, year ended 31st March, 1956. H.M.S.O., price £1.

TABLE 19

National Average Cost of maintaining In-Patients, 1955/56
(Hospitals administered by Boards of Governors of Teaching Hospitals)

Classification of hospital	Weekly in-patient cost
	£ s. d.
Acute :—	
(a) London ..	27 3 8
(b) Provinces ..	21 11 2

Copies of the published returns were circulated on 4th December to all boards and committees with the request that they use the data contained therein to the best possible advantage in the pursuit of efficiency and economy (H.M. (56) 105).

Teaching Hospitals—Investigation of Costs

The pilot investigations into the differences disclosed in the Costing Returns in costs of provisions, drugs and dressings, and fuel, light and power which were described in the Report for 1955* were followed up and developed in 1956, and the further information obtained is being studied.

Hospital Endowments Fund

The income from this Fund, which was constituted under the provisions of Section 7 (4) of the *National Health Service Act, 1946*, is distributed to regional boards and management committees for use at discretion on purposes relating to the hospital service or research. Some part of the money is used to provide amenities for patients and staff beyond the provision made by the State. The amount distributed in respect of 1956/57 was £713,000 and represented a payment at the rate of 30s. a bed.

An account of the transactions of the Fund together with the Report of the Comptroller and Auditor-General thereon, is presented to Parliament annually as required by Section 56 of the 1946 Act.

* See pages 42–44.

III

SERVICES FOR WAR PENSIONERS

The provision of medical and surgical treatment for war pensioners in England and Wales, the Isle of Man, the Channel Islands and the Republic of Ireland continues to be a special and direct responsibility of the Minister of Health, but further steps were taken during the year towards integrating these services with the National Health Service, in accordance with Government policy.

Hospital Services

In-patient treatment required by war pensioners was provided directly by the Minister in the following war pensioner hospitals :—

Chapel Allerton, Leeds.
Mossley Hill, Liverpool.
Queen Mary's (Roehampton), London.
Rookwood, Llandaff, Cardiff.
Leopardstown Park, Dublin.

The demands of war pensioners fell further below the maximum capacity of these hospitals, and there was some extension of the arrangements for the use by other patients of beds not required for war pensioners; scarcity of nurses, however, still prevents the fullest use being made of these beds.

Table 20 shows the number of beds occupied at the end of December in each of the last four years in the hospitals remaining under direct administration. Appendix XV provides fuller statistical information.

TABLE 20
*Patients being treated in War Pensioner Hospitals, 1953-56
(at 31st December)*

	Total*				War Pensioners†				Others			
	1953	1954	1955	1956	1953	1954	1955	1956	1953	1954	1955	1956
Chapel Allerton	134	134	120	109	112	112	90	84	22	22	30	25
Mossley Hill ..	103	75	85	106	97	69	68	64	6	6	17	43
Queen Mary's ..	212	283	230	200	180	228	179	135	32	55	51	63
Rookwood ..	145	130	145	141	110	95	82	72	35	35	63	69
Leopardstown Park	95	104	104	105	95	104	104	105	—	—	—	—
Total ..	689	726	684	661	594	608	523	460	95	118	161	201

* War pensioners are allowed leave at Christmas extending over 31st December, and the number of other patients is less at that time of year. The number of beds occupied on 31st December is thus somewhat lower than normal. On 30th November, 1956, there were 545 war pensioners and 308 other patients at these hospitals—a total of 853 patients.

† Includes serving members of H.M. Forces.

Transfers to National Health Service Administration

As mentioned in last year's Annual Report,* in accordance with Government policy the war pensioner hospitals at Mount Pleasant, Chepstow, and Dunston Hill, Gateshead, were transferred on 1st April, 1956, to the administration of the appropriate hospital management committees.

Ex-service interests are represented on the management committees of these hospitals, and the committees have been required to preserve the special character of the hospitals, to maintain the war pensioners' rights of priority for admission, and to continue the special welfare and amenity services provided for war pensioners. The services of welfare officers of the Ministry of Pensions and National Insurance continues to be available at these hospitals.

Reports from regional hospital boards about the hospitals and units which have been transferred to their administration since 1953 show that their special character is being preserved and that the interest of ex-service and other voluntary societies in the war pensioner patients has not been weakened by changes in administration. The South Western Regional Hospital Board provided a new recreation and rest centre for the war pensioner patients at Musgrove Park Hospital, Taunton.

The numbers of war pensioners admitted to the transferred hospitals and units show little change over the year, apart from the decrease normally associated with the summer and autumn.

Local Administration of War Pensioner Hospitals

The hospitals continued to work in close contact with neighbouring hospital management committees in placing contracts for foodstuffs and other supplies.

On 1st April, 1956, the Ministry of Works withdrew their building maintenance and supply services from the war pensioner hospitals in England and Wales and these services are now provided by, or under the supervision of, National Health Service hospital authorities.

The planning and supervision of new building works continues to be undertaken by professional officers of regional hospital boards on behalf of the Ministry.

During the year a medical records system, based on practice in National Health Service hospitals, was introduced into the war pensioner hospitals. Summaries of treatment given to war pensioners are supplied to the Ministry of Pensions and National Insurance, to whom the actual treatment records are also available if required.

The special features of the war pensioner hospitals are unchanged, and the interest of the many national and local voluntary organisations, which help the war pensioner in hospital, has remained active and useful; once again tribute must be paid to the time and effort devoted by their members to this important cause.

Queen Mary's Hospital, Roehampton

Planning of the large development scheme has proceeded. A much enlarged plastic surgery and burns unit is envisaged, together with provision for a new out-patient department, dispensary, pathological department and certain other departments now housed in unsuitable buildings. The widening of the road fronting the hospital has involved the loss of some land, and as a result a new wall, entrance gates and lodges are being built.

* See page 46.

Rookwood Hospital, Cardiff

The spinal injuries unit has been enlarged and a new physiotherapy department and dispensary were built.

Leopardstown Park Hospital, Dublin

Work was started on the new occupational therapy department, recreational centre and chapel. The water mains were renewed and all roadways were remade.

Other Services

Contractual arrangements are made with a number of private hospitals and homes, where medical and nursing care are provided for war pensioners whose needs for various reasons cannot be adequately met in war pensioner or National Health Service hospitals. These arrangements cover pensioners who need long-term treatment in mental hospitals, sanatoria, epileptic colonies, paraplegic homes and other institutions.

Private treatment is also arranged for war pensioners (notably by way of chiropody) where National Health Service facilities are either not available or cannot conveniently be used.

Special arrangements cover the Republic of Ireland where the war pensioner hospital at Leopardstown Park and the private hospital at Shanakiel, Cork (which is reserved in part for former members of H.M. Forces) are insufficient to meet the needs of all war pensioners requiring in-patient treatment. Additional contractual arrangements are therefore made with other hospitals in the Republic for the treatment of war pensioners, and local officers have authority to arrange admissions and to deal directly with the Department of Health in the Republic for general practitioner and out-patient treatment of war pensioners.

Table 21 shows the number of war pensioners who were receiving various forms of private treatment at 31st December, 1956.

TABLE 21

*War Pensioners receiving Hospital Treatment outside the National Health Service
and War Pensioner Hospitals, 1956
(at 31st December)*

England and Wales, the Isle of Man and the Channel Islands:—

In-patients :—

Mental	71
Sanatoria	34
Epileptic colonies	14
Paraplegic homes	67
General and convalescent	173
Total	359

Out-patients :—

Chiropody	6,222
Physiotherapy	114
Speech therapy	4
Dental	10
Other	385
Total	6,735

TABLE 21—*continued*

Republic of Ireland :—

In-patients :—

General	121
Tuberculosis	23
Mental	194
Total	338

Out-patients :—

Home treatment	106
Hospitals	84
Other clinics	67
Total	257

Polish Hospitals

The number of patients in the two Polish Hospitals at Penley Hall near Wrexham (general medical and surgical) and Iscoyd Park, Whitchurch, Salop (tuberculosis) further declined during the year. The two hospitals were, therefore, amalgamated at Penley, which now has a general medical and surgical section and a tuberculosis section.

Admissions continue to be restricted to Polish nationals resident in this country who are either war pensioners or others whose knowledge of the English language is insufficient to enable them to be treated adequately in National Health Service hospitals.

Table 22 shows the number of patients under treatment at the end of each of the last four years. More detailed figures are given in Appendix XV.

TABLE 22
Polish Patients being treated in Polish Hospitals, 1953–56
(at 31st December)

	Total				War pensioners				Other civilians			
	1953	1954	1955	1956	1953	1954	1955	1956	1953	1954	1955	1956
Penley Hall ..	482	378	181	125	56	35	34	24	426	343	147	101
Iscoyd Park* ..	349	299	191	137	131	102	75	59	218	197	116	78
Total ..	831	677	372	262	187	137	109	83	644	540	263	179

* Iscoyd Park Hospital was closed on 30th September, 1956, and the patients were transferred to Penley Hospital.

Artificial Limb and Appliance Service*Artificial Limb and Appliance Centres*

Artificial limbs and surgical appliances, invalid chairs and power-propelled invalid vehicles continued to be supplied to war pensioners through the Ministry's Artificial Limb and Appliance Centres which are listed in Table 23 below.

The Centres also supply National Health Service patients with artificial limbs, invalid chairs and power-propelled invalid carriages.

TABLE 23

Artificial Limb and Appliance Centres

<i>Hospital region</i>	<i>Type of office</i>	<i>Centre</i>
1	A.L.A.C.	Newcastle
	A.C.	Middlesbrough
2	A.L.A.C.	Leeds
3	A.L.A.C.	Sheffield
	A.L.A.C.	Nottingham
	A.L.A.C.	Leicester*
4	A.L.A.C.	Cambridge
	A.L.A.C.	Norwich
5	A.C.	London (West)
6	A.C.	London (North East)
7	A.C.	London (South East)
	A.L.A.C.	Tunbridge Wells
	A.C.	Strood
8	L.F.C.	Rochampton†
	A.C.	London (South West)
	A.L.A.C.	Portsmouth
9	A.L.A.C.	Reading
10	A.L.A.C.	Bristol
	A.L.A.C.	Plymouth
	A.L.A.C.	Exeter
11	A.L.A.C.	Cardiff
	A.L.A.C.	Swansea*
	A.C.	Wrexham
12	A.L.A.C.	Birmingham
	L.F.C.	Stoke on Trent*
	L.F.C.	Wolverhampton*
13	A.L.A.C.	Manchester
	A.C.	Blackpool
	A.C.	Preston*
14	A.L.A.C.	Liverpool

A.L.A.C. Artificial Limb and Appliance Centre.

A.C. Appliance Centre.

L.F.C. Limb Fitting Centre.

* Part-time offices.

† Serves all London Regions.

Supply Arrangements

Contracts for the supply and repair of artificial limbs, surgical appliances, invalid chairs and power-propelled vehicles continued to be placed. Supplies were also provided for war pensioners in Scotland (on behalf of the Department of Health for Scotland), and in Northern Ireland (on behalf of the Ministry of Pensions and National Insurance) and in the Republic of Ireland. Advice was given, as required, to the Ministry of Pensions and National Insurance on the procurement of appliances in the United Kingdom for war pensioners living overseas.

Artificial Eyes

The Optical Appliances Depot at Norcross continued the manufacture and supply of plastic and glass eyes to war pensioners and fitting was undertaken by eye-fitters at centres and hospitals throughout the country. The provision of spectacles for war pensioners was arranged under contract through trade channels.

Volume of Supply and Repairs

Statistics relating to the supply and repair of artificial limbs, surgical appliances, invalid vehicles, storage sheds, motor cars and optical appliances to war pensioners are given in the following Table :—

TABLE 24
*Supply of Artificial Limbs, Surgical Appliances and
Invalid Vehicles to War Pensioners during 1956*

	England and Wales		Republic of Ireland	
	Supply	Repair	Supply	Repair
Artificial legs (including pylons) ..	3,345	33,177	37	243
Artificial arms	499	2,001	3	9
Arm appliances	1,024	187	—	—
Surgical boots	11,633	24,536	127	191
Adaptations to boots	2,212	—	21	—
Abdominal appliances	1,488	—	20	—
Elastic hosiery (pairs)	1,795	—	30	—
Wigs	26	—	—	—
Other appliances	3,895	—	34	—
Repairs to appliances	—	4,412	—	51
Artificial eyes	974	—	—	—
Hearing-aids (other than Medresco) ..	136	—	4	—
	New	Re-issues	New	Re-issues
Motor and electric tricycles	284	213	1	—
Hand-propelled tricycles	18	44	—	—
Invalid chairs, etc.	317	194	1	1
Storage sheds	158	65	—	—
Motor cars	12	41	—	—

At the end of the year, 1,687 motor cars, 1,821 motor and electric tricycles, 486 hand-propelled tricycles and 3,005 invalid chairs were on issue to war pensioners in England and Wales and the Republic of Ireland.

Petrol Rationing and Duty

Arrangements were made with the Ministry of Fuel and Power for special consideration to be given to the needs of war pensioners with Ministry vehicles when petrol rationing was introduced in November, 1956. When petrol duty was increased under the *Hydrocarbon Oil Duties (Temporary Increase) Act, 1956*, special temporary increases were made in the maintenance grants for users of Ministry cars and in the allowances for users of Ministry tricycles.

Research

Research continued at the Limb-Fitting Centre, Roehampton, under the guidance of the Standing Advisory Committee on Artificial Limbs, the membership of which is given below. A surgeon and an engineer were appointed to devote their whole time to research.

Improved methods of fitting limbs for above-knee amputations have been introduced and several ways of increasing the stability of the knee of limbs for above-knee amputation have been under active consideration. Over 300 patients are carrying out trials with one method and research is also continuing, through limited field trials, on another design.

A method of obtaining a more accurate degree of alignment in above-knee limbs has been under consideration and a design produced in the Research Department is to be tested.

Experimental work upon new appliances for use by artificial arm wearers continues.

Very light forearm crutches, which can be dismantled and packed in a suitcase, have been designed and are now available to amputees who travel a great deal and find it necessary to take crutches with them. An improved type of crutch rubber, which has also been designed and tested recently, is now available.

The membership of the Standing Advisory Committee on Artificial Limbs during 1956 was :—

Sir Walter Mercer, P.R.C.S. (Ed.) (*Chairman*).

Mr. E. Ramsey Green, A.C.G.I., M.I.Mech.E., A.M.Inst.C.E., M.Cons.E.

*Professor T. Pomfret Kilner, C.B.E., M.B., F.R.C.S.

Professor Bryan McFarland, M.D., M.Ch., F.R.C.S.(Eng. and Ed.).

Brigadier F. H. MacLennan, O.B.E., M.I.Mech.E.

Mr. S. Alan S. Malkin, C.B.E., M.B., F.R.C.S.(Ed.).

Mr. R. I. Stirling, M.B., F.R.C.S.(Ed.).

* Co-opted member.

IV

THE GENERAL MEDICAL SERVICES

Progress in the Years 1952-56

Introduction

The statistics relating to the General Medical Services have been kept more or less in their present form since 1952, so that it is now possible to review over the last five years the changes that are reflected in these figures. The period has a special significance at the present time, when a Royal Commission on doctors' remuneration is sitting, because it was in 1952 that the Danckwerts Award and the Report of the Working Party on the Distribution of Remuneration among General Practitioners were published.* The new method of remuneration came into force on 1st April, 1953. Ample notice had been given, so that the figures for 1953 can fairly be taken to represent the effects of the first year's working under the new system, while the 1952 figures form a convenient base-line. It is interesting to refer to the conclusions drawn in the Annual Report for 1953† and to consider how far they remained valid in 1956.

The main objects of the new distribution scheme were :—

- (a) to improve the medical services by discouraging unduly large lists of patients ;
- (b) to make it easier for new doctors to enter practice ; and
- (c) to encourage the formation of partnerships and group practice.

The main effects noted in 1953 were an increase in new admissions to medical lists during the year, a net increase in the number of general practitioners that was nearly three times as high as the annual average for the earlier years of the National Health Service, an increase in the number of partnerships, a wider recognition of assistantship as a training grade with a view to partnership, and an improvement in the distribution of doctors throughout the country.

Reduction in maximum Lists

When the new method of payment came into force the maximum number of patients a general practitioner could have was reduced, depending on the circumstances in which he practised, as follows :—

- (a) from 4,000 to 3,500 for a single-handed practitioner ;
- (b) from 5,000 to 4,500 for a member of a partnership, provided the average for the partnership does not exceed 3,500 ; and
- (c) from 2,400 to 2,000 for each assistant.

The reduction was achieved over a period in two ways : namely, by the transfer of patients to doctors with smaller lists—very commonly by the introduction of new partners—and, in the longer term, by an increase in the number of doctors taking part in the Service. At the same time a standard capitation fee was introduced with a higher rate, or "loading", for patients within the range 501-1,500 on a doctor's list, and partnerships became entitled to payment on the basis of "notional" lists, that is, the division between them of their patients for this purpose on the most financially rewarding basis. Initial practice allowances were introduced in place of fixed annual payments to help single-handed doctors to establish themselves in designated areas.

* Distribution of Remuneration among General Practitioners, 1952. H.M.S.O., price 4d.

† See page 60.

Increase in Number of Principals

Between 1st July, 1952, and 1st July, 1956, the number of principals providing unrestricted medical services increased from 17,204 to 19,082—an increase of 1,878 or 10·5 per cent. The Table below shows the figures for the five years :—

TABLE 25
Number of Principals, 1952-56
(at 1st July)

	1952	1953	1954	1955	1956
Number of principals providing unrestricted General Medical Services	17,204	18,010	18,482	18,783	19,082
Annual increase	—	806	472	301	299
Annual percentage increase ..	—	4·7	2·6	1·6	1·6

Decrease in Number of Single-handed Practitioners

At the same time the number of single-handed practitioners providing unrestricted medical services decreased from 7,459 on 1st July, 1952, to 6,568 on 1st July, 1956—a decline of 12·6 per cent. The rate of decline is illustrated in the following Table :—

TABLE 26
Number of Single-handed Practitioners, 1952-56
(at 1st July)

	1952	1953	1954	1955	1956
Number of single-handed practitioners	7,459	7,147	6,899	6,715	6,568
Percentage decrease	—	4·2	3·5	2·7	2·2

These figures reflect gradual changes in the pattern of general practice such as the development of group practice and an appreciation of the advantages which partnership offers.

Increase in Number of Partnerships

The number of partnerships of all sizes has shown a marked increase. The number of principals in partnership increased from 9,745 on 1st July, 1952, to 12,514 on 1st July, 1956 : these figures represented 56·6 per cent. of the total in 1952 and 65·6 per cent. in 1956, an increase of 9 per cent. over the period. The complete figures are shown in the Table below :—

TABLE 27
Number of Principals in Partnership, 1952-56
(at 1st July)

	1952	1953	1954	1955	1956
Number of principals in partnership	9,745	10,863	11,583	12,068	12,514
Percentage of total number of principals	56·6	60·3	62·7	64·2	65·6
Annual percentage increase ..	—	11·5	6·7	4·2	3·7

The next Table shows the increase in the number of practitioners belonging to partnerships of different sizes :—

TABLE 28
Partnerships—Distribution of General Practitioners, 1953–56
(at 1st July)

	1953	1954	1955	1956
As members of partnership of—				
2 doctors	6,146	6,414	6,628	6,728
3 doctors	2,898	3,129	3,246	3,465
4 doctors	1,168	1,308	1,440	1,528
5 doctors	410	445	465	460
6 doctors or more	241	287	289	333

Note.—There are no comparable figures for 1952.

The figures by types of practice for partnerships of various sizes are shown in Table 29.

TABLE 29
Partnerships—Type of Practice, 1953–56
(at 1st July)

	Rural				Semi-urban				Urban			
	1953	1954	1955	1956	1953	1954	1955	1956	1953	1954	1955	1956
Partnership of—												
2 doctors	726	743	743	773	1,104	1,136	1,213	1,240	1,243	1,328	1,358	1,351
3 doctors	255	267	282	302	419	457	471	505	292	319	329	348
4 doctors	88	103	107	115	133	138	158	178	71	86	95	89
5 doctors	29	29	28	24	36	40	45	49	17	20	20	19
6 doctors or more ..	18	19	20	24	18	21	22	23	4	5	3	5

Notes. 1. There is no very significant difference in the organisation of urban and semi-urban practices, but the distinction is maintained for purposes of comparison because it has been used in the past.

2. There are no comparable figures for 1952.

Group Practice

Another recommendation of the Working Party on the Distribution of Remuneration was that money should be set aside to encourage group practice. Group practices are usually based on partnerships, and since 1953 interest-free loans have been available to assist suitable partnerships or groups of doctors to acquire or adapt central surgery premises from which all members of the group can practise.

Since the scheme began 239 applications have been received, of which 100 were approved. Forty-six were for loans for building new premises and 54 for the conversion of existing premises. The amount of money allocated at the end of 1956 was £451,942, of which £306,451 had been advanced. Repayments totalled £35,395.

Distribution of Doctors

Executive Council areas are classified by the Medical Practices Committee as "designated", "intermediate", or "restricted". Designation indicates areas which are under-doctored, and restriction indicates areas where additional doctors are not likely to be admitted to the medical list because there are already sufficient or too many. There has been a steady decrease in the number of patients living in under-doctored areas—from 21,500,000 in 1952 to 9,500,000 in 1956—and by far the greater part of the population is now living in adequately doctored areas (34,000,000 in 1956 as compared with 20,000,000 in 1952). There is still room for further improvement, but it is clear that there has been a steady and satisfactory improvement in the distribution of doctors.

A comparison of Table J (Appendix XI) in the Report for 1952 with Table F (Appendix XVI) in this Report shows that expansion in rural, semi-urban and urban areas has been fairly uniform.

Distribution of Patients

A better distribution of patients is gradually being achieved. The average number of patients per doctor has decreased from 2,436 in 1952 to 2,272 in 1956. Over the country as a whole the proportion of patients on lists of 3,000 and over fell between 1954 and 1956 from 29 per cent. to 25 per cent.

Figures for the area of each Executive Council showing the percentage of Health Service patients who are on doctors' lists of various sizes have been available only since 1954. Table G in Appendix XVI gives the latest figures and Table H compares these with the figures for 1954: the comparison shows that the trends noted in last year's Report* have continued, and that useful progress was made towards a more equal distribution of patients on doctors' lists.

Consultation with the Medical Profession

Throughout the period under review the Ministry has maintained a close and cooperative relationship with the General Medical Services Committee of the British Medical Association. About three times a year joint meetings are held to discuss general matters, while consultations take place much more frequently on day-to-day matters which arise in the administration of the general medical, pharmaceutical and maternity medical services. Apart from the many useful suggestions for improvements which are made by the General Medical Services Committee, they have also conducted from time to time detailed reviews of a particular part of the Service. Thus the Committee issued a report in 1953 on the trainee general practitioner scheme, which was accepted and put into effect by the Ministry, and a report on a later survey of the scheme completed in 1956 was sent to executive councils and universities for guidance. Special mention should also be made of the comprehensive survey of doctors' surgeries and waiting-rooms which was planned by the General Medical Services Committee and carried out by local medical committees. The Committee has expressed general satisfaction with the findings, but its full report is awaited.

The Structure of General Practice

Introduction

This section deals with the structure of general medical practice in the National Health Service at the present time as indicated by the statistical information available to the Ministry and given in the series of tables in Appendix XVI. The tables are broadly similar to those published with the Reports since 1952, except that the three tables dealing with assistants appeared for the first time last year. Some of the broad trends have been discussed in the previous section and others are indicated below.

New Admissions

During the calendar year 1956 the number of doctors admitted to Medical Lists was 960. The number deleted was 663, making a net increase of 297. Of those admitted, 648 entered into partnership, including 292 assistants who

* See page 56.

became partners of their former principals. The following Table summarises the position :—

TABLE 30
Medical Lists—Admissions and Withdrawals during 1956

	Unrestricted general practice	Restricted practice	Total
Number of principals on medical lists at 1st January, 1956	18,978	778	19,756
Admissions to medical lists	810	150	960
Total ..	19,788	928	20,716
Withdrawals	493	170	663
Number of principals on medical lists at 31st December, 1956	19,295	758	20,053

The Age Structure

The numbers, in age groups, of doctors practising single-handed or in partnership on 1st July are shown below :—

TABLE 31
*General Practitioners—classified by Age Groups, 1955 and 1956
(at 1st July)*

Age group	Single-handed		In partnership	
	1955	1956	1955	1956
35 and under ..	755	717	3,136	3,084
36-45 ..	1,696	1,693	3,622	3,890
46-55 ..	2,110	1,953	3,051	3,012
56-65 ..	1,486	1,582	1,664	1,888
66 and over ..	668	623	595	640

These figures show that the trends noted in last year's Report* continued in 1956, though the changes are gradual and the age structure is not greatly changed. In this year, for the first time since 1952, the total number of principals in the under 35 group fell, though the total number of principals rose because in the 56-65 group the number of retirements was small enough to be more than offset by the number passing in from the group below.

Assistants in General Practice

The total number of assistants (excluding trainee general practitioners) on 1st July, 1956, was 1,546, compared with 1,515 in 1955. Table E.1 of Appendix XVI sets out the figures according to the year in which assistantship was begun : this corresponds to Table E.2 of Appendix XVIII in last year's Report, the old Table E.1 having now been discontinued. Table E.2 in this Report shows the number of assistants entering or leaving employment as assistants during the year 1st July, 1955, to 1st July, 1956, while Table E.3 classifies them according to age and length of time in employment as assistants.

* See page 54.

The following Table shows the numbers of assistants in the various age-groups in 1956 with corresponding figures back to 1952 :—

TABLE 32
Number of Assistants, 1952-56
(at 1st July)

Age-Group	1952	1953	1954	1955	1956
30 and under	748	729	668	667	658
31-35	398	433	444	461	476
36-40	211	172	149	145	171
41-45	92	68	68	71	61
46-50	67	39	42	35	40
51-55	73	55	40	37	26
56-60	29	31	35	35	45
61-65	26	21	13	18	23
66-70	22	24	22	18	12
71-75	13	14	16	19	24
76 and over	10	10	7	9	10
Total	1,689	1,596	1,504	1,515	1,546

From this Table it can be seen that during the last two years the total number of assistants has begun to rise again, after falling steadily in the preceding years.

Medical Practices Committee

The Medical Practices Committee, whose duty it is to secure an adequate and proper distribution of medical practitioners undertaking to provide general medical services, considered 3,922 applications for the 91 vacancies in general practice advertised during the year. The average number of applications for each vacancy was 43 as against 44 in 1955. As has been noted in previous years, practices with the larger lists of patients and those in the South attracted most applications.

General Matters affecting Practitioners

Amending Regulations

Three sets of amending Regulations were put into operation during the year. The first (National Health Service (General Medical and Pharmaceutical Services) Amendment (No. 1) Regulations, 1956 (S.I. 1956 No. 1076)) in October, gave executive councils specific power to review authorizations given to doctors to employ permanent assistants. The second (S.I. 1956 No. 1745) brought into effect the increased charges for prescriptions* and the third (S.I. 1956 No. 1953) introduced a scheme for protecting the practices of doctors who were called up or recalled for service with the Armed Forces during an emergency recognized by the Minister.

Remuneration

Inducement Payments

These payments are made, in suitable cases, to help doctors who practise in areas which are sparsely populated or for any other reason unattractive to medical practitioners. At the end of the year under review, 20 payments were being made and seven applications for further payments were due for consideration.

Supplementary Annual Payments

During the year, 93 special applications were considered : of these 11 were new applications. Of the 82 renewed applications 42 were from doctors aged 70-75, and 40 were from doctors over 75 years of age. The total number of payments being made at the end of the year was about 320.

* See Chapter VII, The Pharmaceutical Services, page 82.

By comparison with last year the work of the Central Committee, which deals with this and similar matters, has become less, owing to the backlog of initial applications, in which the criteria were not fully satisfied, being cleared in 1955, thus enabling the Committee to deal almost exclusively with current applications from elderly doctors.

Initial Practice Allowances

Initial Practice Allowances are granted to help doctors to establish single-handed practices in areas which the Medical Practices Committee have designated as needing additional general practitioners. The grants are made, subject to certain conditions, by the local executive council and medical practitioners have a right of appeal to the Minister against a refusal to grant an allowance.

Ten appeals were received during the year, of which seven were allowed and three were refused. The total number of allowances being paid at the end of the year was about 225.

Central Pool

In the light of the results of the last Inland Revenue inquiry into expenses and the available information about subsequent changes in costs, agreement was reached between the Health Departments and the General Medical Services Committee of the British Medical Association on the amount of the Central Pool for 1954/55.

Economy in Prescribing

The cost of the medicines and appliances ordered or supplied by doctors again increased, without taking into account the increase in the remuneration for dispensing which was applicable to prescriptions dispensed during the year.*

In January the average cost per prescription in England and Wales was 55·60d. and in November, the last month before the revised system of prescription charges† was introduced, the average cost was 61·52d. For the year as a whole, the average cost was 57·24d. per prescription (including 2·8d. increase in chemist's remuneration) as compared with 53·41d. in 1955 (including 1·25d. increase in chemist's remuneration). The normal pattern of increasing cost per prescription together with falling numbers of prescriptions given occurred during the summer months (see Table K of Appendix XVI). As in previous years there were wide differences in the average annual cost of pharmaceutical services per person on doctors' lists in different parts of the country and Table K of Appendix XVI shows the averages for each of the Executive Council areas in England and Wales, at the two extremes being Wigan with £2 0s. 4d. and Huntingdonshire with 16s. 2d. Interesting illustrations of pairs of nearby towns with noticeably differing costs are Bootle with £1 3s. 8d., and Blackburn with £1 18s. 4d.; and Tynemouth with £1 2s. 5d., and South Shields with £1 15s. 2d.

It is, therefore, plain that the pattern of medicines prescribed varies noticeably from area to area, but the national pattern is indicated in Table 33 which shows, on the basis of a representative sample of chemists, the way in which medicines are divided into 27 therapeutic classifications, both by number and cost. The Table redivides the figures into those relating to proprietary and non-proprietary preparations.

* See Chapter VII, The Pharmaceutical Services, page 84.

† The effect of this revision is discussed on page 82.

TABLE 33

Drugs Dispensed by Chemists for General Practitioners during 1956

(Distribution by Therapeutic Classes estimated from analysis of 323,280 National Health Service prescriptions for drugs (not including surgical dressing and appliances) dispensed by a sample of chemists.)

Therapeutic class	Percentage of prescriptions comprising			Percentage of net ingredient cost of prescriptions comprising		
	Proprietary drugs and preparations	Other	Total	Proprietary drugs and preparations	Other	Total
Antibiotics	4.7	2.1	6.8	17.7	2.9	20.6
Sulphonamides	2.2	1.1	3.3	2.4	0.7	3.1
Other anti-infective agents	0.8	0.1	0.9	1.3	0.3	1.6
Insulin	—	0.4	0.4	0.1	2.4	2.5
Sex hormones	0.4	0.8	1.2	1.0	1.4	2.4
Other hormones (including corticosteroids)	0.5	0.8	1.3	2.5	2.5	5.0
Barbiturates	3.4	3.2	6.6	2.1	0.6	2.7
Other sedatives and hypnotics	0.8	2.5	3.3	1.3	0.5	1.8
Anticonvulsants	0.3	—	0.3	0.8	—	0.8
Antihistamines	2.1	—	2.1	2.2	—	2.2
Single vitamins (except B ₁₂)	0.7	0.9	1.6	1.2	0.7	1.9
Polyvitamin preparations	0.8	0.6	1.4	1.1	0.3	1.4
Tonics	2.2	1.3	3.5	2.4	0.4	2.8
Haematinics	1.7	0.7	2.4	3.0	0.4	3.4
Analgesics and antipyretics (not dangerous drugs)	4.2	6.0	10.2	3.5	1.7	5.2
Anti-rheumatic preparations*	2.2	1.0	3.2	3.5	0.4	3.9
Cardiac preparations	1.3	2.6	3.9	2.8	1.4	4.2
Hypotensives	0.8	—	0.8	2.7	—	2.7
Laxatives, purgatives, antacids, etc.	2.2	9.7	11.9	3.1	3.5	6.6
Anticholinergics	0.7	0.1	0.8	1.9	—	1.9
Cough preparations	2.8	9.6	12.4	2.7	3.1	5.8
Asthma preparations	1.2	1.5	2.7	1.9	0.5	2.4
Anthelmintics	0.1	—	0.1	0.2	—	0.2
Dangerous drugs†	0.4	0.6	1.0	0.3	0.4	0.7
Sera and vaccines	0.1	—	0.1	0.3	—	0.3
Medicaments for external use‡	2.4	6.4	8.8	2.8	2.0	4.8
Miscellaneous	4.3	4.7	9.0	7.2	1.9	9.1
	43.3	56.7	100.0	72.0	28.0	100.0

* Preparations for internal or external use recommended solely or mainly for the treatment of rheumatic conditions.

† Drugs which are subject to control by the Dangerous Drugs Act and Regulations.

‡ Does not include preparations containing a drug in another category as sole or main ingredient (e.g., penicillin or antihistamine creams).

The symbol "—" is used for percentages less than 0.05.

The principle established by the *National Health Service Act, 1946*, was that the patient should be supplied with "proper and sufficient drugs and medicines" when ordered by the practitioner who is giving him general medical services. The cost of supplying the medicines is, therefore, primarily determined by the general practitioners, though matters such as remuneration for dispensing and

the actual prices of drugs also influence the cost.* If practitioners are to exercise economy in the prescribing of drugs and medicines, without detriment to the treatment they give, they must have as much information as possible to assist them. The following paragraphs show what is done centrally to help them both generally and individually. Acknowledgment must also be made of the interest and helpful action which have been taken by a number of local medical committees.

It was thought, however, that there were many aspects of prescribing and its costs that would repay study by an independent committee. The British Medical Association was consulted and agreed to be associated in the setting up of such a committee. Arrangements for the formation of the committee were in hand at the end of the year.†

Classification of Proprietary Preparations

The Standing Joint Committee of the Central Health Services Council continued the classification of new proprietary preparations into categories according to the Committee's opinion of their therapeutic value in relation to standard preparations. The Committee also reviewed earlier classifications on further evidence of therapeutic value or because of changes in pharmaceutical standards. Notice was given through the medical and pharmaceutical Press in April of additions to, or deletions from, category 1 (new preparations of proved value not yet standard) and categories 5 and 6 (which consist of, or contain drugs, which in the Committee's view are not of proved therapeutic value). At the end of the year, a revised complete list of preparations in these three categories was being prepared for circulation to doctors.‡

Prices of Drugs and Preparations

In July doctors were sent a revised statement showing, on the basis of prices at April, 1956, the cost to the National Health Service of National Formulary preparations; of proprietary preparations for which the Formulary gives equivalent preparations or preparations reputed to have an analogous therapeutic effect, with the costs of the latter for comparison; and of a number of other proprietary preparations which are frequently prescribed. A comparative statement of the ingredient cost of dispensing penicillin in a number of its various forms was included.

Investigation of Prescribing Costs

Last year's Report§ referred to the arrangements made for supplying doctors at intervals with statistics of the average cost of their prescribing in relation to the number of patients on their lists for treatment, compared with the averages for the executive council area in which the doctor practises. It was said that arrangements were being considered which, it was hoped, would remove the difficulties which had been experienced in some areas in bringing under review an adequate proportion of a doctor's prescriptions, because many of them were dispensed outside the executive council area in which he practised. The arrangements, which have now been made, involved a substantial re-arrangement by the Joint Pricing Committee for England of the allocation of areas to

* See Chapter XI, Medical and Hospital Supplies, page 115.

† The terms of reference and membership of the Pharmaceutical Services Committee under the Chairmanship of Sir Henry Hinchcliffe, D.L., B.A., were announced by the Minister in the House of Commons on the 7th June, 1957.

‡ Circulated to doctors in April, 1957.

§ See page 59.

the various Pricing Offices, so as to ensure that full pricing should be undertaken at the same time for exceptionally large urbanised areas such as London and Middlesex and the Home Counties, and for heavily populated contiguous areas in other parts of the country.

Arrangements were also made by which particulars of a doctor's prescriptions dispensed in different executive council areas were assembled before the calculation of his prescribing costs was undertaken. These arrangements were, necessarily, limited to prescriptions dispensed in the large contiguous areas priced at the same time; they could not take account of the occasional prescription taken away and dispensed in a different part of the country. But they should ensure that a fully representative proportion of a doctor's prescriptions is used to calculate his averages.

The re-allocation took effect from August and the next cycle of full pricing, which will be completed in three stages, should produce reliable figures for all doctors.

When the investigation of prescribing costs was started in 1950, the detailed factual statements, necessary for visits to doctors by Regional Medical Officers, or, in the exceptional case, for formal reference to the local medical committee for investigation, were prepared by a special Unit in the Ministry, staffed by employees of the Joint Pricing Committee.

These statements, in their preliminary form, are now prepared by the Joint Pricing Committee, for cases selected by the Ministry after review of individual doctors' statistics referred to above. The Unit in the Ministry remains responsible for preparing the more detailed statements necessary if there is a possibility of the case being referred formally to the local medical committee for investigation.

The information given in these reports enabled the Regional Medical Officers, during the year, to visit 692 doctors to discuss their prescribing. Letters were subsequently sent to most of these doctors and to a number of others who had not been visited, drawing attention to their prescribing costs and asking them to do their best to reduce them without detriment to the treatment of their patients. The number of letters sent during the year was 1,324.

The possibility of formal reference to the local medical committee is mentioned above. The National Health Service (Service Committees and Tribunals) Regulations, 1956 (S.I. 1956 No. 1077) give the Minister authority to refer a case to the committee if, *prima facie*, the costs of a doctor's prescribing were more than was reasonably necessary for proper treatment. Cases are usually referred on the cost of prescribing for one month, and only after the doctor's attention has previously been drawn to the fact that his costs were at a high level. The doctor or the Minister, if dissatisfied with the decision of the local medical committee, can refer the matter to independent referees. If it is finally determined that there was excessive cost, there is power to withhold money from the doctor's remuneration.

Thirteen cases were referred by local medical committees during the year. In two of them the local medical committee decided that there was excess cost but the necessary procedure had not been completed at the end of the year. In one case, the committee decided that no excess cost had been incurred; the Minister referred this case to referees, who arranged to hear the case in the early part of 1957. In the remaining cases, the local medical committees' decisions had not been received at the end of the year.

Prescribers' Notes

Four editions of the Notes were issued during the year. Representatives of the Medical and Pharmaceutical profession serve on the Editorial Committee which was formed, at the outset, to assist in the selection and preparation of material. The Notes are circulated to hospitals as well as to general practitioners and it seems to be generally accepted that they are helpful in reminding doctors of particular points, or drawing attention to published papers which might otherwise escape their notice. The Notes have attracted interest in other countries and a number of inquiries about them have been received.

Prescribing of Preparations which are not Drugs

The *National Health Service Act, 1946*, does not provide for the supply of preparations that are not drugs or medicines—for example, foods or toilet preparations, even though the doctor may recommend them. The responsibility of deciding whether a preparation should be supplied, if ordered, cannot be left with the chemist who dispenses the prescription, and under Regulations which doctors accept as part of their Terms of Service, it is provided that if a doctor orders a preparation which is not a drug, the executive council may recover the cost from him. The question whether any preparation was ordered as a drug in a particular case can be referred to the local medical committee for decision, and there are rights of appeal from their decision to independent referees. In the year under review, 56 such cases were referred to referees, 49 by the doctors concerned and seven by the Minister. In 28 cases the referees decided that the preparation was not prescribed as a drug.

Vacancy Appeals

During the year 63 unsuccessful applicants for vacant medical practices appealed to the Minister against decisions of the Medical Practices Committee. Fifty-four of these appeals, together with 11 outstanding at the beginning of the year, were decided. Seven were not pursued by the appellants, and the remaining two were waiting to be heard at the end of the year.

Nineteen of the appeals decided during the year were heard by persons appointed by the Minister for that purpose and 46 were determined without an oral hearing. The Minister decided that the decision of the Medical Practices Committee should be upheld in 53 cases.

Refresher Courses

Under Section 48 of the *National Health Service Act, 1946*, the Minister is empowered to make arrangements with universities and medical schools for the provision of postgraduate courses for doctors providing general medical services under the National Health Service and to make payments towards the cost of the provision of the courses and the expenses of doctors attending them. Attendances at these courses have risen steadily since 1948, and in 1956 the number of general practitioners in the National Health Service who attended a refresher course in England increased to 1,683.

As will be seen from Table 34, in 1956 there was a big increase in the number of weekend courses arranged and in the number of doctors attending them compared with the previous year. There was a small decrease (from 40 to 36) in the number of "extended courses" (courses in which sessions are spread over a number of weeks or months) and in the attendances of doctors (from 809 to 795), but the number of doctors attending the longer extended courses (of ten sessions or more) did, in fact, increase quite substantially. Considerably fewer intensive courses, of a week or a fortnight, were held and the number of doctors attending this type of course also fell somewhat.

TABLE 34

Refresher Courses for General Practitioners, 1956
(Figures for 1955 are given in brackets)

Type of course	Number of courses	Number of doctors attending		Total
		Principals	Assistants	
Weekend courses, under 10 sessions ..	30 (20)	523	15	538 (302)
"Extended" courses, under 10 sessions	21 (24)	377	14	391 (462)
"Extended" courses, 10 sessions and over	15 (16)	386	18	404 (347)
Intensive courses, 10 sessions and over ..	30 (42)	345	5	350 (434)
Totals	96 (102)	1,631	52	1,683 (1,545)*

* Includes 50 assistants.

Many of the refresher courses were general, but more specialised courses were held on subjects such as obstetrics and gynaecology, infant feeding, paediatrics, pathology, cardiology, dermatology and resettlement after illness. Universities received £5,917 18s. 6d. as fees for courses and doctors received £8,861 9s. 8d. as contributions towards their expenses.

Trainee General Practitioners

Since the inception of the National Health Service a scheme has operated to provide training facilities for young doctors intending to enter general practice. The object of the scheme is to enable trainee general practitioners to have, for 12 months, a more thorough and systematic grounding in the work of a general practitioner than employment as an assistant would normally provide over a comparable period. Selected established general practitioners are approved as trainers and are given a grant for the period of tuition.

In June, 1953, the British Medical Association submitted to the Minister a Report of a Sub-Committee of the General Medical Services Committee on the scheme. The recommendations of this Report were generally adopted, and since 1953 the numbers of trainee general practitioners have shown a steady increase from 289 under training at the end of that year to 350 at the end of 1956.

In December, 1956, the British Medical Association submitted to the Minister a Report of a further Sub-Committee of the General Medical Services Committee on the scheme. This sought to establish, without insisting upon inflexible criteria, greater uniformity in the selection of trainers throughout the country and to eliminate abuses of the scheme. This Report was circulated to executive councils (on 18th January, 1957) by the Minister with a request that they should consider how best these further recommendations might be adopted in their areas.

Medical Manpower

Numbers of Medical Practitioners and Medical Students

The Committee under the Chairmanship of the Rt. Hon. Henry Willink, M.C., Q.C., continued to receive and study evidence and held seven meetings during the year.

National Medical Manpower Committee

During the year, the National Medical Manpower Committee was mainly concerned with the allocation of doctors liable for National Service to the Royal Navy, the Army and the Royal Air Force. The Central Medical Recruitment Committee, with the assistance of regional area and local medical recruitment committees, continued to deal with the nomination of individual doctors for commissioned service with H.M. Forces and with applications for deferment of call-up to secure higher qualifications or to gain further experience before joining H.M. Forces.

Regional Medical Service

Table 35 gives details of the number of references received during the year 1956. Comparison with 1955 shows no great variation and the resources of the Regional Medical Service have been equal to the demands put upon it.

TABLE 35

References received by the Regional Medical Service during 1956

Source of reference	Number received
Ministry of Pensions and National Insurance :—	
Sickness	547,455
Injury	81,814
Maternity	99
Doctors	2,393
Ministry of Labour and National Service	21,370
National Assistance Board	2,691
Total	655,822

Regional Medical Officers visit doctors in practice, both as a routine measure and for special inquiries. The total of these visits during 1956 was 3,136. Included in this figure are 137 visits in connection with inquiries made at the request of the Home Office on matters arising under the *Dangerous Drugs Act, 1951*.

Approach to doctors by Regional Medical Officers to discuss their prescribing is referred to earlier in this Chapter (see page 60 above).

General Medical Services Expenditure

The following Table shows the expenditure on the General Medical Services in the year ended 31st March, 1956 :—

TABLE 36

	£	Payments 1955/56 £
Payments from the Central Pool (excluding mileage payments)		
(i) Capitation payments	36,693,349	
(ii) Loadings	8,609,654	
(iii) Treatment of temporary residents ..	769,836	
(iv) Emergency treatment	1,568	
(v) Administration of anaesthetics ..	3,402	
(vi) Initial practice allowances	75,025	
(vii) Hardship payments	2,632	
(viii) Supplementary annual payments ..	96,482	
(ix) Payments to Shipping Federation, Ltd.	5,940	
(x) Group practice loans (<i>less</i> repayments of £13,887)	141,410	
(xi) Payments of balances from 1952/53 and 1953/54	1,323,644	
		47,722,942
Mileage payments		1,550,784
Inducement payments		12,742
Maternity Medical Services		2,555,175
Grants for training assistants		330,700
Superannuation, etc.—Exchequer contributions		2,796,186
Payments for use of health centres		9,715
		<u>54,978,244</u>

V

THE GENERAL DENTAL SERVICES

The Dentists Act, 1956

The Dentists Bill, which was reintroduced before Parliament in July, 1955, received the Royal Assent on 15th March.

The dental profession has now become fully self-governing and the newly established General Dental Council has a great opportunity to influence its development at a time when the total number of dentists is almost certain to decline, at least temporarily, while the demand for their services steadily increases.

The General Dental Council met for the first time on 4th July.

Amending Dental Regulations

The Regulations governing the General Dental Services were amended in only one respect during the year: the National Health Service (General Dental Services) Amendment Regulations, 1956 (S.I. 1956 No. 1743) applied to drugs supplied by dispensing dentists the change made in the prescription charges payable by patients as from 1st December, 1956.*

Treatment

Volume of Treatment

The following Table shows the number and cost of the courses of treatment provided in 1956 and in the three previous years:—

TABLE 37

General Dental Services—Statistical Summary, 1953–56

	1953	1954 (53 weeks)	1955	1956
Courses of treatment for which payment was claimed	6,672,340	7,441,903	7,934,948	8,619,091
(a) courses requiring prior approval of the Dental Estimates Board	1,431,478	1,537,460	1,591,786	1,707,108
(b) other courses	5,240,862	5,904,443	6,343,162	6,911,983
Claims for payment for emergency treatment	1,704,127	1,895,365	1,988,506	2,120,903
Fees authorised by the Board and notified to Executive Councils ..	£26,451,853	£28,977,330	£33,286,816	£37,145,781
(a) payable by Executive Councils ..	£20,035,839	£22,160,395	£26,137,040	£29,503,749
(b) payable by patients	£6,416,014	£6,816,935	£7,149,776	£7,642,032
Number of monthly schedules of payment	111,283	110,876	111,450	112,588
Applications to the Board for ..				
(a) prior approval	1,457,356	1,560,461	1,649,876	1,756,847
(b) approval of more expensive treatment chosen by patients ..	4,828	4,190	4,057	4,035

The Table shows that the growth of recent years in the volume of treatment, provided both in full courses, where the dentist undertakes to make the patient dentally fit, and as emergency treatment, continued in 1956.

* See Chapter VII, The Pharmaceutical Services, page 82.

Full Courses of Treatment

Payment was claimed on 684,143 (or 8.6 per cent.) more courses of treatment in 1956 than in the previous year. Comparison is made in Table 38 below between the rate of increase in the numbers of courses of treatment and in the numbers of dentists taking part in the Service over the last three years.

TABLE 38

Percentage Increase in Courses of Treatment and in Number of Dentists, 1954-56

	Percentage increase in number of courses of treatment	Dentists in the Service	
		Number at 31st December	Percentage increase over previous year
1954	9.4*	9,599	1.3
1955	8.7*	9,788	2.0
1956	8.6	9,924	1.4

* Adjusted to take account of the extra week in the 1954 total.

It will be seen that the increase in the volume of treatment has been greater than that commensurate with the growth in manpower. The extra volume is partly to be accounted for by the fact that the younger dentists replacing their older colleagues who have retired can, in general, work for more sustained periods. Nevertheless, it is apparent that dentists as a whole, by more efficient organization of their practices, by working longer hours, by devoting more of their time to the General Dental Services, or by a combination of these factors, continue to provide an increasing amount of treatment.

A little under 20 per cent. of all courses of treatment required the prior approval of the Dental Estimates Board. The forms of treatment which cannot be undertaken without such approval and which are laid down by Regulation, include the provision of dentures and special appliances, crowns, inlays, orthodontic treatment, prolonged gum treatment and oral surgery. The Board received 1,756,847 applications for prior approval of treatment in 1956, an increase over the previous year of 106,971 applications or 6.5 per cent.

There was no significant change in the number of cases (4,035 or less than 1 in 2,000) where patients chose to pay the additional cost of providing more expensive treatment or appliances than were clinically necessary to make them dentally fit.

Emergency Treatment

There were 2,120,903 claims for payment for emergency treatment made in the year, compared with 1,988,506 in 1955. Thus the increase in the amount of emergency treatment (6.7 per cent.) was less than that of full courses, though not to the extent noticed in the previous year. The bulk of these cases were extractions (1,246,000 of which 1,067,000 were for patients under 21 who are exempt from payment of a charge for such treatment) and denture repairs (805,000, which are without charge). The apparently high proportion of emergency extractions carried out for patients under the age of 21 is not necessarily significant clinically because emergency treatment for patients over the age of 21

(except expectant and nursing mothers) for which the Scale fees do not exceed £1 and of which the cost consequently has to be met by the patient in full, are no doubt, often undertaken outside the Service.

An amendment to the Regulations (S.I. 1955 No. 1890), brought into operation at the end of 1955, allowed certain X-rays to be taken under the emergency arrangements in connection with extractions or the dressing of a tooth. This was done in nearly 3,000 cases in 1956.

Further details of emergency treatment are shown in Table D of Appendix XVII.

Cost

Fees authorised by the Board during the year total £37,145,781 (£3,858,965 more than in 1955). Of this extra cost £3,366,709 was paid by executive councils and £492,256 by patients. All fees authorised before 1st May, 1955, were, however, reduced by 10 per cent. To arrive at the extra cost resulting from the greater volume of treatment, the total increase must be scaled down by about £1,100,000 to £2,760,000.

Patients' contributions amounted in all to about £7,640,000, of which it is estimated that £5,120,000 was in respect of charges for the supply of dentures under the *National Health Service Act, 1951*, and £2,520,000 for other forms of treatment under the *National Health Service Act, 1952*.

The number and average cost of courses of dental treatment in 1956 and in the preceding three years are shown in Table A of Appendix XVII. Further details are given in Tables B and C of the same Appendix; Table B shows for 1956 and earlier years the fees authorised by the Dental Estimates Board for payment to dentists in respect of normal courses of treatment classified under four broad types; Table C provides a more detailed breakdown of fees authorised for 1955 and 1956 into items of treatment, including those given both in normal courses and in emergency cases.*

Patients Treated

Priority Classes

Patients in the priority classes, by which is meant, so far as the General Dental Services are concerned, persons under 21 years of age and all expectant and nursing mothers (that is patients exempted from the payment of charges for dental treatment under the 1952 Act) continued to be provided with an increasing share of the treatment given under the Service. This was particularly marked in the case of children under the age of 15, who received nearly 30 per cent. of the courses of treatment provided under the General Dental Services in 1956, compared with 28 per cent. in 1955, and only 7·3 per cent. in 1949.

Table E of Appendix XVII sets out the numbers and percentages of courses given in each quarter of 1956 according to the ages of the patients, together with the corresponding figures for 1955. Table F of the same Appendix shows how many of these courses were given to expectant and nursing mothers, comparison again being made with the figures for the previous year.

In all, 3,840,000 courses, or 44·6 per cent. of the total in 1956, were provided for patients under 21; and 377,000 courses, or 4·4 per cent. of the total, were provided for expectant and nursing mothers.

* An analysis of the clinical aspects of treatment completed during the year will be found in the Chief Medical Officer's Report for 1956.

Treatment of Children

The following Table shows the number of estimates for courses of orthodontic treatment submitted by dentists and the numbers concluded in each of the years 1952 to 1956 :—

TABLE 39
Courses of Orthodontic Treatment, 1952-56

Year	Number submitted for prior approval	Percentage increase over previous year	Number concluded*	Percentage increase or decrease over previous year
1952	34,300	Not known	15,900	Not known
1953	40,900	19	20,000	26
1954	47,700	17	28,700	43
1955	53,400	12	34,900	22
1956	56,700	6	34,600	-1

* Either completed or discontinued because, for example, the patient had left the district or failed to return for treatment (about 16 per cent. of the cases brought to a conclusion in 1956 related to uncompleted courses of treatment).

It will be seen that the number of new cases, though still rising, shows signs of reaching a steadier level and that the number of cases concluded in 1956 fell a little short of the figure for 1955. Courses of orthodontic treatment are, by their nature, protracted and the fact that the number of such cases concluded in the year has shown a small decline, instead of the increase which might be expected from the continued rise in the number of new cases, may be due to a tendency towards their extension over longer periods. The number of courses which were never commenced, though approved by the Board, may also have increased.

The full cost of the 34,600 courses of orthodontic treatment concluded in 1956 was about £660,000, some of which was paid to dentists by way of interim payments in earlier years.

The major part of the increase in the treatment of children is made up of conservative dentistry. In 1956 fees were authorised for the conservation of deciduous teeth in 607,000 cases, compared with 562,000 in 1955. The annual rate in the first half of 1952, before charges were payable by adults for conservative treatment, was about 200,000 courses. In 1956 there were 1,038,000 courses involving fillings in the permanent teeth of children under 15, compared with 873,000 in 1955 and an annual rate of about 250,000 in the first half of 1952. It is expected that the revised Scale of Fees (see page 71 below) which replaces the flat fee applying to any conservative treatment to a deciduous tooth by varying fees (mostly higher ones) for different kinds of fillings, for vital pulpotomy and for conservation by other means will further encourage treatment to conserve children's teeth.

Types of Treatment

Conservative Treatment

The number of courses involving fillings in permanent teeth was 4,630,000, a rise of 385,000, or 9 per cent., over the number given in 1955 (4,245,000). The total number of teeth filled was about 15,500,000 and 40 per cent. of the cost of the General Dental Services arises from this item. More treatment by other forms of conservation was also given. Crowns (37,400 courses) and inlays (39,900) rose by 7 per cent. and 5 per cent. respectively.

Other Types of Treatment

The number of cases of oral surgery (48,000) and prolonged gum treatment (30,000) were 9 per cent. and 11 per cent. respectively higher than in 1955.

About 9,300,000 permanent teeth were extracted in 2,100,000 courses and a further 950,000 under emergency arrangements. (In 1955 the number extracted was 9,100,000 in 1,950,000 courses and 850,000 under emergency arrangements.)

A general anaesthetic was administered, either by the dentist carrying out the dental treatment or by another dentist or a doctor, in 1,920,000 cases.

Dentures

The number of patients supplied with dentures, or whose dentures were relined, repaired, or altered by the addition of teeth, are shown in Table G of Appendix XVII together with the corresponding figures for the previous four years. Dentures were supplied to about 1,250,000 people, 40,000 more than in 1955; about half of them (620,000) received full upper and lower dentures.

The base material of most dentures supplied under the Service is plastic or vulcanite. Metal dentures are authorised when there are special clinical features such as exceptional stress in biting caused by the nature of a patient's mouth. Other patients may choose to have their dentures made of metal if they pay the extra cost. The number of metal dentures provided in 1956 was 14,500 which was slightly less than in previous years.

There was no appreciable change in the number of additions, relinings and repairs to dentures.

Under the Regulations the brands of acrylic resin which may be used by dentists for the making of dentures under the Service are limited to those approved by the Minister. Following publication by the British Standards Institution of a standard for acrylic denture base materials (B.S. 2487/1954), these materials were reviewed and in September, 1956, a revised list of approved brands was issued.

Research into Dental Materials

The very large scale on which dental materials are used in the National Health Service gives the Ministry a strong interest in any research which will promote their efficiency.

In January, 1956, the Minister, with the Secretary of State for Scotland, appointed a small Committee to co-ordinate research into materials used in dentistry and in the making of dentures and other dental appliances. The Chairman of the Committee is Sir William Kelsey Fry, C.B.E., M.C., F.R.C.S., F.D.S., and the members include representatives of the Dental Industries Standards Committee of the British Standards Institution, the Department of Scientific and Industrial Research, the Dental Research Committee of the Medical Research Council and the British Dental Association.

The immediate reason for setting up the Committee was the need, arising out of the work of the British Standards Institution, to make arrangements for the testing of some of the materials of which the Institution was engaged in drawing up specifications. Besides giving attention to problems proposed by the Institution, the Committee will, where necessary, consider questions involving dental materials arising from other sources and may itself initiate the examination of questions which it considers to be important.

Dental Manpower

Number of Dentists on the Register

The total number of dentists on the Dentists Register at the end of 1956 was 16,007, compared with 15,895 at the end of 1955. During the year, 665 dentists were added to the Register and 129 restored; 682 names were removed. There was a net increase of 362 registered dentists with dental, medical and/or surgical qualifications offset by a decrease of 250 dentists registered under the *Dentists Acts, 1921 and 1923*.

Number of Dentists practising under the General Dental Services

The total number of dentists in the Service at 31st December, 1956, was estimated at 9,924 and 464 of these were women.

The total represents a net increase of 136 over the number estimated at 31st December, 1955; 891 dentists entered or re-entered the Service and 755 left, 658 by resignation and 97 owing to death.

Number of Students entering Dental Schools

At the beginning of the academic year 1956/57, there were 647 students admitted to dental schools in England, Wales and Scotland, as against 622 in the preceding year. These figures include some students who entered the pre-clinical course, the remainder going straight into the professional course.

The numbers entering the first year of the professional course in the 1956/57 session was 582, compared with 558 in 1955/56.

Committee on Recruitment

The Report of the Committee which the Minister and the Secretary of State for Scotland set up in 1954 "to ascertain the reasons for the lack of candidates of suitable quality for training as dentists and to indicate possible directions in which remedies might be sought" was published in October, 1956.* The Chairman of the Committee was Lord McNair; the names of its members were listed in the Ministry's Report for the year ending 31st December, 1954.†

The recommendations of the Report, which are under consideration by the Ministers, include proposals for a comprehensive national programme of dental health education, by the setting up of an independent and representative standing committee to advise and co-ordinate the agencies carrying it out; for improved publicity to schools on dentistry as a career, and on its particular suitability for women; for an increase in the number of consultant posts and in the facilities for research and original work in dental schools; for assisting suitable candidates for dental schools who, under the present rules, are unable to accept grants from State or local authorities because the required parental contributions cannot be found; for increasing the number of dental places from the present 650 to 1,000 a year; and for a review of the system of remuneration of dentists under the general dental services and of the list of types of treatment which under the regulations require the prior approval of the Dental Estimates Board. The Committee also recommended that some way be sought to lessen the financial problems facing older dentists on retirement.

Dental Manpower Committee

In May, 1956, a Dental Manpower Committee for Great Britain was appointed in consultation with the dental profession, to advise on the allocation and recruitment to H.M. Forces of dentists liable for National Service, and ancillary matters.

* Report of the Committee on Recruitment to the Dental Profession. Cmd. 9861. 1956. H.M.S.O., price 3s.

† See page 74.

It consists of 18 members including representatives of the British Dental Association; the Faculty of Dental Surgery, Royal College of Surgeons, England; the Royal College of Surgeons, Edinburgh; the Royal Faculty of Physicians and Surgeons, Glasgow; the Association of Dental Hospitals; the Dental Education Advisory Council; the Service Departments; the Ministry of Health; the Department of Health for Scotland; the Ministry of Education; and the Ministry of Labour and National Service.

General Matters Affecting Dental Practitioners

Remuneration

In accordance with the agreement reached with the British Dental Association, in connection with the abolition in May, 1955, of the 10 per cent. reduction in scale fees which had operated from 1950, consultation was continued throughout the year on a revised Scale of Fees, designed to produce net incomes comparable with those that would have been earned by dentists for the treatment carried out in 1952/53, had the 10 per cent. reduction in Scale fees not then applied.

By the end of the year a revised Scale had been agreed with the Association for introduction in 1957.* The aim has been to achieve a better balance between the fees for the various items of treatment from the point of view of the average time spent on them. There has also been introduced a more detailed breakdown of fees payable for the treatment of children.

Handbook for General Dental Practitioners

A revised and enlarged edition of the Handbook for General Dental Practitioners was issued in July. This had been prepared in close consultation with the British Dental Association and provides an explanation of the Acts and Regulations governing the General Dental Services and the various notices which have been issued to dentists from time to time.

Consultation with the Dental Profession

There was consultation between the Ministry and the British Dental Association on many matters besides those already mentioned. They included the provisions of the National Health Service (Service Committees and Tribunal) Regulations, 1956 (S.I. 1956 No. 1077)†, in so far as they affect dentists, and modifications in the arrangements for the replacement of dental appliances. The latter enable patients, if they so desire, to pay a deposit so that the replacement of dentures or other dental appliances can be put in hand, while the local executive council is investigating whether the need for replacement arises from carelessness; these arrangements were introduced at the request of the Association.

Refresher Courses

Postgraduate refresher courses for general dental practitioners, supported by the Minister under Section 48 of the *National Health Service Act, 1946*, were held throughout the year. Ten dental schools provided 14 courses of from 4 to 20 sessions. These were attended by 224 dentists. Details of the courses and subjects in which they were held are shown in Table 40 below.

The sum of £1,320 was paid to the University Authorities towards the cost of these courses and £847 to dentists attending them in respect of their expenses.

* This scale was introduced on 1st April, 1957, under Amending Regulations (S.I. 1957 No. 229). (The British Dental Association's claim for a 24 per cent. increase in remuneration is dealt with in Chapter XII, The Whitley Councils for the Health Services, see page 117.)

† See Chapter VIII, Disciplinary Action, page 88.

TABLE 40
Refresher Courses for Dentists, 1956

Place of course	Type of course*	Subject	Number of sessions	Number of dentists attending
<i>London</i>				
St. Bartholomew's Hospital	Extended	Minor oral surgery ..	8	25
Guy's Hospital ..	Extended	Conservative dental surgery	8	8
	Extended	General	8	25
	Extended	Orthodontics in general dental practice.	5	25
Institute of Dental Surgery, W.C.1.	Intensive	General	20	7
	Intensive	General	20	10
Royal Dental Hospital	Extended	Clinical periodontology ..	8	25
	Extended	Clinical periodontology ..	6	8
University College Hospital	Extended	Minor oral surgery ..	6	8
King's College Hospital	Extended	Full and partial dentures ..	8	10
<i>Provinces</i>				
Birmingham	Extended	General	17	21
Durham	Intensive	Orthodontics	10	9
Oxford	Short	Periodontal diseases and their modern treatment.	6	18
Reading	Short	Orthodontics	4	25

* On an "extended" course there is usually one session per week; as a result the course is extended over a considerable period.

On an "intensive" course dentists attend whole-time for a shorter period.

Appeals against Decisions of the Dental Estimates Board

Under the Service Committees and Tribunal Regulations in force until 30th September, a dentist or patient, who felt aggrieved by any decision of the Dental Estimates Board, could exercise in every case a right of appeal to the Minister, who then had to arrange for the appeal to be determined by two independent practitioners. From 1st October these Regulations were slightly amended to provide that no appeal could be made in cases where the Board had approved the highest fee permitted by the General Dental Services Regulations for the work concerned. The new Regulations also provide that an appeal against a decision of the Board given on the ground that the services which the dentist proposed to give were not of a type which could be supplied as part of the General Dental Services shall be determined by the Minister.

The following Table sets out the decisions made in appeals against decisions of the Dental Estimates Board, from which it will be seen that the number of appeals continues to decrease:—

TABLE 41

Appeals against Decisions of the Dental Estimates Board, 1955 and 1956

	1955	1956
Appeals outstanding at beginning of year	81	52
Appeals received	389	347
Dentists involved	200	233

TABLE 41—continued

Appeals against Decisions of the Dental Estimates Board, 1955 and 1956

	1955	1956
Appeals heard	319	265
Appeals not proceeded with	90	59
Appeals dismissed out of time	9	4
Appeals outstanding at end of year	52	71
Decided :—		
(a) in respect of treatment	147	139
(b) in respect of fees	172	126
Decided in favour of Board :—		
(a) wholly	225	177
(b) partly	10	19
Decided in favour of appellant :—		
(a) wholly	84	69
(b) partly	10	19

General Dental Services Expenditure

The following Table shows the expenditure on the General Dental Services in the year ended 31st March, 1956 :—

TABLE 42

1. To dental practitioners :—	£
Total payments due (excluding item 2 and charges other than those shown below)	34,925,473
Less charges to patients :—	£
(a) under the <i>National Health Service Acts, 1951 and 1952</i>	7,295,070
(b) under Regulation 25 of the General Dental Services Regulations, 1954 ..	22,168
	<hr/>
	7,317,238
	<hr/>
	27,608,235
2. To dental practitioners practising at health centres ..	14,865
3. Contributions under Regulation 46(3)(m) of the Superannuation Regulations, 1950, and Regulation 76 of the Superannuation Regulations, 1955	25,296
4. Superannuation contributions (executive councils' share)	1,216,942
5. To local health authorities for use of health centres (dental)	21,095
6. Other payments :—	
(a) advances to local dental committees not yet recovered	175
(b) for administration of anaesthetics at health centres ..	1,515
	<hr/>
Total ..	28,888,123

Fluoridation of Domestic Water Supplies

During the year, the necessary equipment was developed, installed and brought into operation in two further study areas—Andover and Watford.* At all three centres now demonstrating the technique of fluoridation in England and Wales the equipment is working satisfactorily and the level of fluoride is accurately maintained at a constant average of 1 part per million—the range being 0.9 to 1.1 parts per million. Daily checks are carried out by the water-works staff and additional periodical check analyses are carried out at the Government Laboratory.

It is interesting to note the very low cost of fluoridation—the actual expenditure in the four study areas averaging something below 6d. per head per annum.

A special Research Committee, including members from the Ministry, the Medical Research Council and the Government Chemist's Department, was set up in the autumn for the purpose of keeping under constant review the question of any research into dental and medical aspects of fluoridation which may be thought necessary.

Final reports of the first fluoridation studies in the United States and Canada and reports of American medical investigations have provided convincing evidence of the effectiveness and safety of fluoridation. In the United States it is now an accepted Public Health measure and is in operation in 1,487 communities with a total population of over 30 million.

It is hoped that the studies now being carried out here will effectively demonstrate both the technique of fluoridation and the extent of the benefits conferred by it in this country.

* Fluoridation started in Anglesey at the end of 1955.

VI

THE SUPPLEMENTARY OPHTHALMIC SERVICES

At the end of 1956 there were 911 ophthalmic medical practitioners, 6,398 ophthalmic opticians, and 793 dispensing opticians taking part in the Supplementary Ophthalmic Services, these figures being respectively two less, 34 greater and 35 greater than those for the beginning of the year. These minor changes in numbers were in accordance with trends over a longer period, the figures of persons taking part in the Services five years earlier being respectively 969, 6,150 and 659.

Supply and Demand

The increase in the use made of the Supplementary Ophthalmic Services continued in 1956, although not at the same rate as in 1955, for as shown in Table 43 below, and Appendix XVIII, the number of sight-tests given in 1956 was 3·3 per cent. greater than in 1955, whereas 1955 showed an increase of 7·4 per cent. over 1954. These seem to be fluctuations in a steady trend, however, for the figure for 1956 is 11 per cent. above that for 1954, which in turn was 5·5 per cent. above that for 1953. The number of sight-tests given in 1956 was 54,000 below the number given in 1950, and was 65,000 above the number in the year April, 1950, to March, 1951, which was the last full year before the introduction of charges for spectacles in May, 1951.

TABLE 43

Number of Sight-Tests and Glasses authorised, supplied and paid for, 1954-56

	1954	1955*	1956
Sight-tests	4,441,000	4,770,000	4,929,000
Glasses authorised	4,524,000 (pairs)	4,180,000 (cases)	4,300,000 (cases)
Glasses supplied	3,995,000 (pairs)	—	—
Glasses paid for	—	4,208,000 (pairs)	4,432,000 (pairs)

* The change in the system of records at the beginning of 1955 was mentioned in last year's Report (see page 76).

The use made by the public of the Supplementary Ophthalmic Services has been discussed in terms of sight-tests, as for some years the figures for glasses prescribed, and for glasses actually supplied and paid for, have been in a fairly constant proportion to the figures for sight-tests, allowing for some time-lag between quarters for the different stages of the process.

As shown by Appendix XVIII, in 1956 glasses were authorised following 87·4 per cent. of sight-tests, which was almost exactly the same as in previous years, and in 89·5 per cent. of the cases in which glasses were authorised they were actually supplied under the National Health Service, including those which were fitted with suitable frames bought under private arrangements. The latter figure is the highest for several years.

The figures for the number of pairs of glasses per person, and the proportion of bifocal glasses, are given in Table 44. The number of pairs per person was the same in 1956 as in 1955, while the proportion of bifocals was somewhat higher. Exact comparison with previous years on these points is difficult in view of the change in the system of collecting figures, but there seems to have been a real increase in the proportion of bifocals.

TABLE 44

Bifocals as Percentage of Pairs of Glasses authorised and supplied, 1954-56

	1954	1955	1956
Number of pairs authorised per case ..	1.2	—	—
Number of pairs supplied per case ..	—	1.15	1.15
Bifocals as percentage of pairs authorised	11.1	—	—
Bifocals as percentage of pairs supplied	11.9	12.4	13.0

New Regulations

In July the Minister made and laid before Parliament two sets of Regulations affecting the Supplementary Ophthalmic Services. The major set of Regulations, the National Health Service (Supplementary Ophthalmic Services) Regulations, 1956 (S.I. 1956 No. 1078) consolidated, with amendments, Regulations made in 1948, 1951 and 1953, and also included, in what now seems their natural place, provisions about the qualifications of ophthalmic medical practitioners and opticians taking part in these services, which had previously been included in the National Health Service (Executive Councils) Regulations, 1954 (S.I. 1954 No. 224). The National Health Service (Executive Councils) Regulations, 1956 (S.I. 1956 No. 1075) repealed the provisions about qualifications in the Regulations of 1954, and made other amendments including the extension of the term of office of members of the Ophthalmic Services Committee from one year to three years. Both sets of Regulations came into operation on 1st October.

In conjunction with the National Health Service (Service Committees and Tribunal) Regulations, 1956 (S.I. 1956 No. 1077)*, the Regulations mentioned above have rearranged the provisions relating to the Supplementary Ophthalmic Services. The Executive Councils Regulations cover the constitution and procedure of the Councils themselves and of Ophthalmic Services Committees; the Supplementary Ophthalmic Services Regulations cover the actual administration of those services, including the qualifications of participants; and the Service Committees and Tribunal Regulations cover disciplinary procedure in relation to all the "general practitioner" services under Part IV of the *National Health Service Act, 1946*.

Among other amendments, the Supplementary Ophthalmic Services Regulations make clear that the practitioner should have before him the information supplied by the applicant, including the period since the last sight-test, and take it into account when deciding whether a further test is necessary. They also give statutory authority to the use, for recording sight-tests and the supply of glasses, of forms which make clear that the name of the person who gave a sight-test and the address at which the sight-test was given, should be notified to the Ophthalmic Services Committee.

Appliances

Private Frames

The National Health Service (Supplementary Ophthalmic Services) Regulations, 1948 (S.I. 1948 No. 1273) authorised the fitting of lenses supplied under

* See Chapter VIII, Disciplinary Action, page 88.

the National Health Service to suitable private frames, but did not say explicitly whether this applied only to old frames, or covered also frames specially purchased for use in conjunction with lenses supplied under the Service. In 1953, as mentioned in the Report for that year*, it was indicated that in the Minister's view it would be unreasonable to object to the supply of private frames along with National Health Service lenses, provided the frames were of a shape and type to take lenses which could be inserted in National Health Service frames should the original lenses have to be replaced: frames or rimless fittings which required lenses to be of a special shape, or to be specially grooved or pierced, would not be suitable.

The new Regulations state explicitly that National Health Service lenses may be fitted to a frame supplied privately, provided that it is "a surrounding protective frame", to reduce the risk of damage, and that the transaction is at the specific request of the applicant. Associated with this provision is a requirement in the Statement of Fees and Charges that lenses supplied under the Supplementary Ophthalmic Services shall be "round, p.r.o., (pantoscopic round oval) or contour" in shape. The shapes are not defined in detail, but they are familiar to opticians in practice, for they were already the accepted shapes for supply under the Supplementary Ophthalmic Services.

Curved Lenses

Curved spectacle lenses are more expensive than flat lenses, but are normally slightly more convenient to the wearer. They have been generally adopted throughout the world, and the continued use of flat lenses in this country has been widely regarded as an anomaly. In replying to representations on the subject, the Ministry accepted the general provision of curved lenses as a reasonable development in the long run.

Until the end of 1956, curved lenses were available for glasses for distance vision or for general use, but flat lenses were supplied for reading glasses under the Supplementary Ophthalmic Services unless the applicant paid the additional cost of curved lenses, or curved lenses were prescribed as necessary. Almost all the manufacture of flat lenses for this purpose was in the hands of two firms, which informed the Ministry in the spring of 1956 that they had decided to stop this production on 30th September. There was no way of filling the gap, and after discussions with representatives of manufacturers, wholesalers and opticians, the Statement of Fees and Charges was amended to make curved lenses generally available from 1st January, 1957, without charge to the applicant, flat lenses being provided henceforth only where, exceptionally and mainly for very high-powered glasses, they were found desirable in his interests.

Remuneration

Reference was made in last year's Report† to the disappointing response received to the questionnaire about earnings and expenses sent by the two Sides of the Optical Whitley Council to an actuarially selected sample of opticians in November, 1954. On account of the inadequacy of the response the information collected could not be regarded as representative of the whole field, and, after considering the situation, the Whitley Council decided to undertake a new and simpler inquiry. This was started in June, 1956, and at the end of the year was still in progress.

* See page 96. † See page 78.

Statement of Fees and Charges

There were only minor adjustments during the year to the amounts payable to opticians under the Statement of Fees and Charges. Prices for spectacle lenses to some prescriptions were slightly increased from 1st July, and prices for the two most popular plastic frames were increased from 1st October. At the end of the year, on the other hand, there was a slight reduction in the prices for children's standard spectacle frames.*

The British Standard for lenses and also the Committee on Trial Case Lenses are dealt with elsewhere in this Report.†

Supplementary Ophthalmic Services Expenditure

The following Table gives an analysis of the payments for the year ended 31st March, 1956 :—

TABLE 45

	£
1. To medical practitioners for testing of sight	930,831
2. To ophthalmic opticians for testing of sight	2,681,575
3. Dispensing fees to ophthalmic and dispensing opticians ..	4,967,928
4. Cost of supply of lenses, frames and cases by ophthalmic and dispensing opticians (excluding charges to patients other than those at 6 below)	4,545,656
5. Replacements and repairs	82,872
Total of items 1 to 5	13,208,862
6. Less charges to patients under the <i>National Health Service Act, 1951</i> :—	£
Lenses	4,020,707
Frames	1,172,221
	5,192,928
Net amount of items 1 to 6	8,015,934
7. Other payments	88
Total	8,016,022

* See Chapter XI, Medical and Hospital Supplies, page 115.

† See Chapter XI, page 114.

VII

THE PHARMACEUTICAL SERVICES

Volume and Cost of Prescriptions

The number of prescriptions dispensed by chemists* during the year was 228,879,170. This was over 2,700,000 more than the number dispensed in 1955. In a number of months, particularly the earlier months, the number was substantially higher than in the corresponding months of the two preceding years. There is no obvious explanation, such as epidemics, to account for the increase. There was, however, a marked decrease in December, the month in which revised prescription charges were introduced. The reasons are discussed below (see page 82 below).

Table 46 shows the number of prescriptions dispensed each month for the years 1949-56. For the years 1954-56 the Table gives the numbers certified for payment. For the previous years the numbers given are those declared by chemists to have been dispensed; these figures were given in the Reports for those years because certified figures were not available owing to delay in the pricing of prescriptions.

The total cost of prescriptions dispensed by chemists in the year ended 31st December, 1956, was £56,800,011 and the average cost per prescription over the year was 59.56d. The diagram in Table 47 shows the monthly average cost per prescription in each year since 1949. Appendix XIX shows, for the year under review and the two preceding years, the number of prescriptions dispensed each month (as certified for payment), the monthly total cost and ingredient cost, and the monthly average cost per prescription.

The average cost per prescription in the year was substantially higher than in 1955. This is due in part to increases in the container allowances and dispensing fees paid to chemists as part of the remuneration for dispensing; details of the increases are given later in this Chapter (see page 84 below). But even without these additions there was a substantial rise over the year in the average cost per prescription. Analysis of a sample of prescriptions suggests that the main reason for this was the prescribing of cortisone and hydrocortisone, which, as explained in last year's Report,† became generally available for supply on doctors' prescriptions from 5th December, 1955.

As was explained in last year's Report,‡ medicines and appliances dispensed are supplied mainly on the prescriptions of general practitioners, but, by agreement with the chemists, the dispensing arrangements are used to a small extent in other services where dispensing of prescriptions is required and the cost is a Government responsibility.

Charges for Prescriptions

From 1st June, 1952, charges for medicines and appliances became payable at 1s. for all the items ordered on one prescription form, except when elastic hosiery was ordered, the charge in this case being 5s. or 10s. according to the

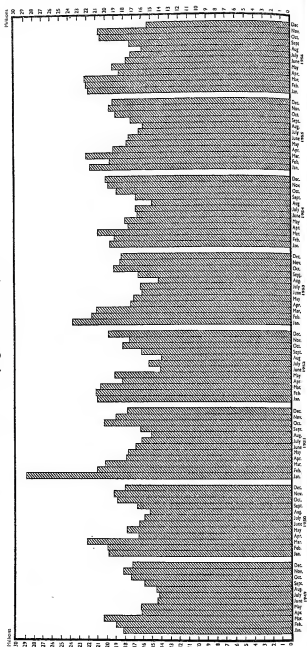
* The term "chemists" is used for convenience, but it covers registered pharmacies, suppliers of appliances and suppliers (other than pharmacists) of drugs to the limited extent which the law permits.

† See page 115.

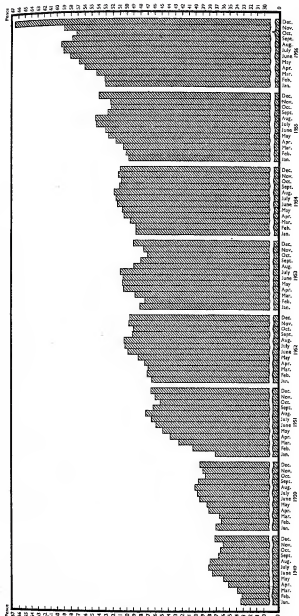
‡ See page 79.

TABLE 46

Number of Prescriptions Dispensed by Chemists Each Month in 1954, 1955 and 1956 and Number of Prescriptions Declared by Chemists Monthly to Pricing Officers in Each Year from 1949 to 1953
(England and Wales)



*Average Total Monthly Cost per Prescription, 1949-56
(England and Wales)*



Note:—The figures for 1955 and January–November, 1956, do not take into account the increase in dispensing fees (see page 84) as the necessary monthly data for those months are not available.

article supplied. The Regulations* authorising these charges were made under sub-section 3 of Section 38 of the *National Health Service Act, 1946*, which was added to that Act under Section 16 of the *National Health Service (Amendment) Act, 1949*.

On 25th October, 1956, the Chancellor of the Exchequer announced in the House of Commons that it was proposed to alter the shilling charge per form to a charge of a shilling for each drug or appliance supplied. Amending Regulations to give effect to the change were made on 7th November, 1956, and laid before Parliament. They came into operation on 1st December, 1956. No change was made in the charge for items of elastic hosiery.

The Regulations provide that a charge of 1s. shall be payable in respect of each quantity of a drug supplied. There is a proviso that an order on the same prescription form for quantities of the same drug in more than one container shall be deemed to be an order for one quantity only. Thus, where a drug is ordered for immediate use, but in large quantities and therefore in several containers, or where for pharmaceutical reasons it has to be freshly prepared each day and therefore supplied in separate containers, the patient pays only one charge for the supply.

A charge of 1s. is also payable for each appliance or component part of an appliance ordered separately (some "appliances" comprise several articles, put up together by the manufacturers). The supply of more than one appliance of the same type (for example, three white open-wove bandages) or two or more component parts of the same appliance (for example, spare lights for a vapouriser) is deemed to be the supply of one appliance for the purpose of the charge. Advice was given to doctors and chemists on the appropriate charges in various types of prescription.

It is not practicable to assess the results of the revised charges on the experience of the one month in the year under review in which they were payable. The total number of prescriptions for December, 1956, was 26·02 per cent. less than that for November, 1956, and 20·81 per cent. less than in December, 1955. The revised charges were no doubt part of the reason for this reduction, but sickness was also at a lower level than normal during the month.

As explained in an earlier paragraph and shown in the graph in Table 47, the cost per prescription had risen gradually throughout the year, from 55·6d. in January to 61·52d. in November, but in December the average cost, at 66·64d. was about 5d. more than in November.

Examination of a representative sample of prescriptions for December showed that this marked rise was almost entirely due to doctors prescribing large quantities of medicines or appliances. There is no objection to this when there is a continuing need, and it may well be an economy in many cases.

As before, no one is exempt from paying the charges, but the National Assistance Board refunds payments made by persons receiving National Assistance, or by persons who show that, on the Board's standards, payment of the charges would cause hardship. The Ministry of Pensions and National Insurance refunds charges paid for medicaments needed for the treatment of accepted war disabilities.

* The National Health Service (Charges for Drugs and Appliances) Regulations, 1952 (S.I. 1952 No. 1021) subsequently consolidated in the National Health Service (General Medical and Pharmaceutical Services) Regulations, 1954 (S.I. 1954 No. 669).

† The National Health Service (General Medical and Pharmaceutical Services) Amendment (No. 2) Regulations, 1956 (S.I. 1956 No. 1745).

A person already receiving National Assistance or War Disablement Allowance can get the refund from the office at which the allowance is paid by obtaining a receipt for the charges from the chemist or doctor supplying the medicaments, completing the form of application appended, and presenting it at the office at which the allowance is drawn. If no allowance is in payment, application for refund on grounds of hardship can be made to the local office of the National Assistance Board. The receipt form includes instructions on how to make application. If refund is desired in respect of treatment for a war disability, the patient can apply to the local office of the Ministry of Pensions and National Insurance.

No change was made in the arrangements for the collection of the charges. Where prescriptions are dispensed by a chemist, he collects the charges and retains them, appropriate adjustments being made by the executive council when payment is made for the prescriptions dispensed. A small allowance is made to cover the cases in which the chemist is satisfied that the items prescribed are urgently needed and that the patient or his agent is genuinely without money.

Where, in accordance with the Regulations made under the *National Health Service Act, 1946*, a doctor undertakes the supply of all drugs and appliances to a patient because they cannot reasonably be obtained from a chemist, the doctor is responsible for collecting the charges. Under agreed arrangements with the profession, the doctor remits monthly to the executive council the amounts he collects. It is the duty of the council to review the amounts paid over to them, and they may consult the local medical committee. If, in any case, the council considers that the doctor has failed to collect or pay over charges, they may refer the matter formally to the local medical committee for investigation. One such case, which had been referred during 1955, was completed during the year and £10 was withheld from the doctor's remuneration. Three cases were referred during the year but the local medical committees' decisions had not been received when the year ended.

Testing of Drugs and Appliances

Executive councils continued during the year to arrange for test prescriptions for drugs and appliances to be presented for dispensing to contractors under the Pharmaceutical Services, and for the samples to be analysed or tested. The approved arrangements provide that, wherever the nature of the item makes it practicable, the contractor shall be able to obtain his own independent analysis, and that in case of dispute there shall be a referee analysis by the Government Chemist. Vitamin A preparations and penicillin preparations, which were brought within the scope of the tests during 1955, continued to form a proportion of the items tested; the number of these preparations tested was necessarily limited because of the special technique and apparatus required for their analysis. It is satisfactory to note that the tests of these (which need to be stored and dispensed with particular care if they are to retain their potency) showed very satisfactory results.

Turning to tests generally, reports on 420 samples made during 1955 had not been considered by the end of that year and reports were made on 7,573 samples during the year under review. Under the arrangements for preliminary examination (explained in last year's Report*) reports on 7,537 samples were considered during the year. Of these 7,016 were accepted as satisfactory, and 521 were referred for formal consideration by the pharmaceutical service committees.

* See page 83.

Formal consideration of 487 cases referred to pharmaceutical service committees during the year was completed. In 88 cases it was decided that no action was necessary, in 245 cases a warning was given, and in 154 cases money was withheld from the contractor's remuneration.

Pricing of Prescriptions

The Joint Pricing Committee for England and the Joint Pricing Committee for Wales continued to price prescriptions on the same basis as last year. The reallocation of work among the 17 pricing bureaux on a basis designed to facilitate the extraction of more satisfactory figures of the average cost of doctors' prescribing is described elsewhere in this Report.*

Remuneration

Reference was made in last year's Report† to the completion of the Pharmaceutical Whitley Council's investigation into the remuneration and costs of chemist contractors. After considering the information obtained on the cost of containers and the results of inquiries made into the cost of corks, the Whitley Council agreed that the container allowance should be increased from 1.25d. to 1.55d. per prescription from 1st November, 1955.

The joint report of the accountants acting for the respective Sides of the Council in the investigation into chemists' general remuneration was received at the beginning of the year, and in the light of its contents the Chemists' Side submitted a claim for higher remuneration as from 1st January, 1954. Negotiations led to an agreement being reached for additional payment of 1½d. per prescription to be made in respect of all prescriptions, other than those for trusses and hosiery, dispensed in the calendar year 1955, and for the dispensing fee to be increased by 2½d. per prescription, other than those for trusses and hosiery, from 1st January, 1956.

At the end of the year, a claim by the Chemists' Side for a further increase by reason of increases in costs claimed to have taken place between January and November, 1956, was under consideration.

Following representations from the Chemists' Side that the new arrangements for charges for drugs and appliances introduced on 1st December, 1956, would involve the chemist in more work and expense, arrangements were made for further joint inquiries into the adequacy of (a) the uncollected shilling allowance, (b) the container allowance and (c) the dispensing fee and on-cost allowance.

The accountants' report on the inquiry into the remuneration and costs of providing trusses and elastic hosiery was received in March, 1956, and in the light of its contents the appliance contractors' and chemists' organisations submitted in June, 1956, a claim for increases in all fees to operate from 1st October, 1954. Negotiations were still in progress at the end of the year.

* See Chapter IV, The General Medical Services, pages 59-60.

† See page 84.

Pharmaceutical Services Expenditure

The following Table shows the breakdown of the payments for the year ended 31st March, 1956, for the Pharmaceutical Services :—

TABLE 48

	£	£
(a) Total gross payments to pharmacists ..	49,676,544	
Less charges to patients under the National Health Service (Amendment) Act, 1949.. .. .	6,803,137*	
		42,873,407
(Estimated breakdown of gross payments under (a) :—		
(i) Dispensing fees and payments for ser- vices outside hours	11,765,000†	
(ii) Cost of ingredients and allowances for containers	30,565,000†	
(iii) Overheads and profit	7,345,000†	
	49,675,000)	
(b) Medical practitioners		
(i) Payments	1,737,793	
(ii) Superannuation—Exchequer contribu- tions	67,354	
	1,805,147	
Less charges to patients under the National Health Service (Amendment) Act, 1949, in respect of elastic hosiery	714‡	
		1,804,433
(c) Other payments		56
Totals (a) and (b) and (c) ..		44,677,896

* In addition, cash amounting to £2,039 was received by the Ministry from the G.P.O. in respect of charges paid by patients by means of postage stamps.

† Figures have been rounded.

‡ Prescription charges collected by doctors amounting to £72,100 and paid in cash and £165,204 received from the G.P.O. in respect of charges paid over by means of postage stamps, are not included.

The Therapeutic Substances Act, 1956

This Act was passed on 15th March, 1956, and came into force one month from that date. It consolidates in one Act the *Therapeutic Substances Act, 1925*, and the *Therapeutic Substances (Prevention of Misuse) Acts, 1947 to 1953*.

Part I of the new Act contains the provisions formerly in the Act of 1925, which control, under a system of licensing, the manufacture and importation of certain therapeutic substances.*

Part II includes the provisions controlling the sale, supply, dispensing and administration of penicillin and certain other substances, which were formerly contained in the *Penicillin Act, 1947*, the *Penicillin (Merchant Shipping) Act, 1951*, and the *Therapeutic Substances (Prevention of Misuse) Act, 1953*. The Act of 1947 was passed when penicillin became available for general distribution and it was decided that, subject to certain exceptions, its distribution and administration for treatment should be allowed only by, or under, the direction of doctors, dentists or veterinary surgeons. The Act of 1947 brought penicillin under control in this way and empowered the making of regulations, jointly by the Minister, the Secretary of State for Scotland and the Minister of Health and Local Government for Northern Ireland, after consultation with the Medical Research Council, to bring under control any other anti-microbial organic substances produced by living organisms.

The Act of 1951 permitted controlled substances to be supplied to the owner or master of a ship on board which a supply of medicine and medical stores is required to be kept under Section 200 of the *Merchant Shipping Act, 1894*, if it was for use on board the ship, and enabled the master or a person authorised by him, in the absence of a duly qualified medical practitioner as part of the ship's complement, to administer the substance by way of treatment.

The Act of 1953 widened the scope of the Act of 1947 by providing that any therapeutic substance could be brought under control if it appeared to the Ministers, after consultation with the Medical Research Council, to be capable of causing danger to the health of the community if used without proper safeguards. It also empowered the Ministers to make regulations providing that the control should not apply to the sale or supply of a particular substance in such circumstances, and in accordance with such conditions, as might be specified in the regulations.

The Act of 1956 continued in force regulations already made under the *Therapeutic Substances (Prevention of Misuse) Acts*. A series of regulations had already brought under control a number of substances, and regulations had also been made enabling certain antibiotics to be used for the feeding of pigs and poultry.

By the *Therapeutic Substances (Control of Sale and Supply) Regulations, 1956* (S.I. 1956 No. 346), which came into force on 31st March, 1956, the following therapeutic substances were brought under control: bacitracin, tetracycline, viomycin, and any substance of which the chemical and biological properties are identical with, or similar to, those of bacitracin or viomycin, but which is not produced by living organisms.

* Reports on the working of this part of the Act appear in the Annual Reports of the Chief Medical Officer.

VIII DISCIPLINARY ACTION

Service Committee Procedure

As shown by Appendix XX, Table A, during 1956 executive councils reported to the Minister their recommendations in 1,384 cases involving allegations that doctors, dentists, chemists or opticians in contract with the councils had failed to comply with their Terms of Service. Of these cases, 327 related to the General Medical Services, 477 to the General Dental Services, 564 to the Pharmaceutical Services and 16 to the Supplementary Ophthalmic Services. There was thus a further drop in the number of cases taken under this procedure, for the total number of cases was 96 less than in 1955 and 841 less than in 1950, which was the peak year of action of this type. In other words, the number of cases coming to the Minister in 1956 was only about 60 per cent. of that in 1950.

The action taken by the Minister upon the decisions of executive councils is summarised in Tables B, C, D and E of Appendix XX. As shown by Table B the Minister considered 80 appeals against these decisions and allowed 16 (20 per cent.). Table C shows that, including cases which were the subject of an appeal, the Minister varied the recommendations of executive councils in 163 cases, or 12 per cent. of those before him. Table D gives a classified summary of the withholdings from the remuneration of practitioners, which were directed by the Minister following Service Committee proceedings, and Table E the extent to which these differed from the recommendations made by executive councils.

National Health Service Tribunal

The Tribunal considered during the year representations, made by an Executive Council before the end of 1955, that the continued inclusion of two doctors in the Health Service would be prejudicial to the efficiency of the Service. In one of these cases, the representations were withdrawn, on the basis that the doctor's place of residence now conformed with the requirements of his contract with the Council and the doctor made a contribution to the Council's costs. In the other case, the representations were withdrawn on an undertaking by the doctor in question with regard to the engagement of partners or assistants. Later in the year the latter doctor applied to the Tribunal for release from the undertaking, but this was not granted.

The Tribunal also considered representations made by an Executive Council that a doctor's continuation in the Health Service was prejudicial to the Service on account of infirmity due to his extreme age. The representations were withdrawn on an undertaking by the doctor to resign from the Service.

Representations were made also against a dentist and an ophthalmic optician, but the cases were not completed by the end of the year.

The Tribunal issued their decisions on applications for removal of the disqualifications previously imposed on a firm of opticians and on two dentists. The first of these was not pursued and the two other applications were refused. Counting the application for release from an undertaking, mentioned above, the Tribunal thus decided in all four applications for reinstatement, as against only three representations by executive councils that practitioners should be disqualified from taking part in the Health Service. As in previous years, no representations were made to the Tribunal except by executive councils.

New Regulations

The National Health Service (Service Committees and Tribunal) Regulations, 1956 (S.I. 1956 No. 1077), combined a consolidation of Regulations made in 1948, 1950 and 1953 with considerable revisions of detail following a review initiated in 1953 by recommendations made jointly by the British Medical Association, the British Dental Association, and the National Pharmaceutical Union. The Regulations were made and laid before Parliament in July and came into operation on 1st October. Besides various alterations of procedure, they incorporate, in the main series of Regulations for this purpose, provisions relating to disciplinary action under the Supplementary Ophthalmic Services, which were previously contained in the Regulations relating to those services, and they establish an Ophthalmic Investigation Committee to consider allegations relating to the conduct of ophthalmic medical practitioners and opticians, distinct from the Ophthalmic Services Committee which deals with the administration of the Supplementary Ophthalmic Services. The Regulations have reverted in principle, also, to the National Health Insurance Regulations in force before 1948, in requiring a complainant to have a demonstrable connection with the matter of complaint. They provide that complaint may be made by a patient or would-be patient, or on behalf of a patient by his spouse or by a person acting with his authority. Complaints may also be made by the Minister of Pensions and National Insurance or the Dental Estimates Board—whose concern is respectively with certification of incapacity for work, and with dental treatment—or by any person on behalf of a patient who is deceased, incapable, or under the age of 18.

Another change is an extension of the provisions with regard to "interest" of members of Service Committees of Executive Councils in cases coming before them, to ensure that members do not adjudicate when they are connected with the parties concerned. The provision has been extended in scope, and applied to association with either complainant or respondent, and not merely with the latter. Moreover, the Minister has asked all executive councils to send the names of the parties to the members of committees about to hear complaints, with a letter reminding them that they should consider withdrawing from a case where they have close business or social relations with either party.

The Regulations make special provision with regard to complaints against doctors' deputies. Normally, a doctor, dentist, chemist or optician providing services under Part IV of the *National Health Service Act, 1946*, is responsible for the acts of a deputy, but this principle applies artificially in relation to general medical practice, where by the nature of the doctor's responsibilities, treatment may often be given on his behalf by a partner or a colleague called in during an emergency, who may be in no way under his control or junior to him. Under the new Regulations, therefore, a general practitioner retains the responsibility for a doctor he employs as an assistant or a *locum tenens*. Where, however, treatment has been, or should have been, given by a deputy who is equally on the medical list for the area, the patient's own doctor is discharged from the case unless he has been at fault over provision for a deputy when he is not available, and action may be taken, if necessary, against the deputy.

The procedure established under the Service Committees and Tribunal Regulations, mentioned above, were among those coming under review by the Committee on Administrative Tribunals and Enquiries set up under the Chairmanship of Sir Oliver Franks in autumn, 1955. The Ministry gave the Committee evidence in writing on the working of these and other procedures, in January and November, 1956, and oral evidence in March and December.*

* Report of the Committee on Administrative Tribunals and Enquiries. Cmnd. 218. 1957. H.M.S.O., price 5s. The Report was published on 18th July, 1957.

IX

THE LOCAL HEALTH AUTHORITY SERVICES

Domiciliary Midwifery

At the end of 1956, the number of midwives employed in the domiciliary midwifery service was 7,488 compared with 7,491 in 1955; 6,604 were directly employed by local health authorities and 884 by hospital authorities and voluntary organisations under arrangements made with local health authorities by virtue of Section 23 of the *National Health Service Act, 1946*; 391 were administrative and supervisory staff. Of the total number employed 3,081 were employed whole-time in the domiciliary midwifery service, and most of the remainder were employed partly in midwifery and partly on other duties such as home nursing and/or health visiting.*

The number of domiciliary confinements attended by midwives in the Health Service increased by 11,238 from 236,405 to 247,643; in 190,809 of these cases a doctor was booked under the maternity medical services and was present at the delivery in 44,255 of them. The proportion of cases in which a doctor was booked under the maternity medical services rose from 69 per cent. to 77 per cent. in 1956.

Domiciliary cases constituted about 36 per cent. of the total number of confinements in 1955 and in 1956.

Analgesia

At the end of 1956, the number of practising midwives (including a small number in private practice) trained to administer inhalational analgesics had increased by 86 from 14,299 to 14,385; this represents 91.3 per cent. of the total compared with 90 per cent. in 1955. There were 6,554 sets of gas and air apparatus and 897 of Trilene apparatus in use in the domiciliary service compared with 6,510 gas and air and 254 Trilene a year earlier.

During 1956, the domiciliary midwives administered gas and air in 169,036 cases and Trilene in 23,803 cases. In all, inhalational analgesics were administered in 77 per cent. of the cases attended by domiciliary midwives compared with 75 per cent. in 1955. The number of cases in which domiciliary midwives administered pethidine rose from 119,254 to 126,654.

Cost of Part II Midwifery Training

The authority responsible for the cost of the second period of midwifery training has never been clearly defined and practice varies considerably; in some areas the whole cost has been borne by the hospital authority, in some by the local health authority while in the great majority of instances the cost has been shared by the two authorities in varying proportions. Uncertainty as to the respective financial responsibilities of hospital and local health authorities has, in some instances, hampered the establishment of second period training schemes and, in others, has led to their being closed down. The matter was fully

* In this chapter under the headings of Domiciliary Midwifery, Health Visiting and Home Nursing, numbers of staff are shown as employed part-time in these services, the majority of them being whole-time staff employed in a combination of duties. At 31st December, 1956, the total professional staff employed in these services was 14,441 whole-time and 5,099 part-time.

discussed with the County Councils Association, the Association of Municipal Corporations and the London County Council and it was agreed that, where hospital and local health authorities jointly provide second period training, 40 per cent. of the cost should be borne by the local health authorities and 60 per cent. by the hospital authorities. It was also agreed that the net expenditure so incurred by local health authorities should be shared by all such authorities in proportion to the numbers of domiciliary confinements in their respective areas in each year. The requisite adjustments of accounts are being effected as from 1st April, 1956.

Maternity and Child Welfare

Attendances at Clinics

The number of women attending ante-natal clinics during the year increased by 3.7 per cent. compared with 1955, and those attending for the first time by 4.8 per cent. These increases are not very different from the increase in the birth-rate, which was 4.8 per cent. The decline in attendances at post-natal clinics was checked, and the numbers of women who attended for the first time during the year showed a slight increase. Attendances at child welfare clinics also increased, proportionately slightly more than could be explained by the increased birth-rate alone.

The following Tables give the attendance figures for ante-natal and post-natal clinics and child welfare clinics, while more detailed figures are given in Appendix XXI :—

TABLE 49

Attendances at Ante-Natal and Post-Natal Clinics, 1954-56

	Ante-natal			Post-natal		
	1954	1955	1956	1954	1955	1956
Total attendances during year	1,458,000	1,388,000	1,424,000	67,000	56,000	55,000
Number of women who attended during year ..	331,000	313,000	324,000	54,000	46,000	46,000
Number of new cases (included above)	250,000	243,000	255,000	49,000	42,000	43,000

TABLE 50

Attendances at Child Welfare Clinics, 1954-56

	1954	1955	1956
Total attendances during the year	9,174,000	9,065,000	9,391,000
Number of children who attended during the year ..	1,304,000	1,296,000	1,325,000
Number of new cases	503,000	499,000	530,000

Welfare Foods

There was no change in arrangements for the distribution of Welfare Foods to mothers and young children during the year, at the end of which these foods were distributed from 4,823 maternity and child welfare centres and 5,092 other points.*

* For details of the Welfare Foods Service see Chapter XVI.

Priority Dental Service

Although limitations on capital expenditure severely restricted the extent to which new dental clinics could be provided in 1956, it was found possible in many areas to make better use of existing facilities and, in particular, to improve the standard of equipment provided in clinics. The Ministry's dental officers continued to visit widely, and to discuss with their local authority colleagues such improvements as could be made with inconsiderable expense. The schedules of equipment given in the appendix to the comprehensive Circular (11/55) on the Maternity and Child Welfare Dental Service issued in June, 1955, proved of value as a basis for such local discussion.

Day Nurseries and Registered Child Minders

The number of nurseries maintained under Section 22 of the *National Health Service Act, 1946*, continued to decline during 1956, but once again more slowly than in previous years. Comparative figures of the available places at these nurseries, with numbers of children on the register and average attendances over the last three years are given in Table 51 (see page 92). As would be expected, the nurseries closed have been those least in demand, and although 36 nurseries were closed during the year, as many children attended day nurseries in 1956 as in 1955.

TABLE 51

Day Nurseries, 1954-56
(at 31st December)

	1954	1955	1956	Age ranges of children	Number of approved places				Number of children on register at end of year				Average attendances		
					1954	1955*	1956*	1954	1955	1956	1954	1955	1956		
Nurseries maintained by local authorities ..	617	572	536	0-2	10,929	—	—	8,629	8,270	7,777	6,907	5,682	6,231		
				2-5	18,734	—	—	18,377	17,483	16,350	14,977	13,460	12,895		
				Total ..	29,663	27,596	25,681	27,006	25,753	24,127	21,884	19,142	19,126		
Nurseries maintained by voluntary associations	11	11	11	0-2	112	102	102	76	88	89	68	73	65		
				2-5	316	326	326	333	316	323	279	233	262		
				Total ..	428	428	428	409	404	412	347	306	327		
Total	628	583	547	0-2	11,041	—	—	8,705	8,358	7,866	6,975	5,755	6,296		
				2-5	19,050	—	—	18,710	17,799	16,673	15,256	13,693	13,157		
				Total ..	30,091	28,024	26,109	27,415	26,157	24,539	22,231	19,448	19,453		

* Some local authorities no longer distinguish between approved places for children aged 0-2 and 2-5.

The number of persons acting as daily minders in local authority schemes under Section 22 of the *National Health Service Act, 1946*, increased slightly during the year from 1,024 to 1,112, and the number of children cared for from 1,134 to 1,200. The number of child minders minding three or more children each, and registered under the *Nurseries and Child Minders Regulation Act, 1948*, continued to increase, as did the number of private nurseries, in spite of the closure of several private nurseries at factories. Full figures are given in the following Table :—

TABLE 52

*Registrations under the Nurseries and Child Minders Regulation Act, 1948
(at 31st December)*

	1954	1955	1956
Private nurseries :—			
Factory	124	128	103
Other	289	315	361
Total ..	413	443	464
Children provided for :—			
In factory nurseries	4,791	4,771	4,058
In other nurseries	6,505	6,908	7,960
Total ..	11,296	11,679	12,018
Daily minders	715	777	881
Number of Children provided for	5,570	6,090	6,964

The total number of children cared for under these various provisions was 39,635 in 1956, compared with 38,351 in 1955 and 40,482 in 1954.

Home Nursing Service

The number of nurses employed in the home nursing service at 31st December, 1956, was 10,104 of whom 277 were student district nurses and 5,315 were employed part-time on home nursing, the latter having for the most part other duties such as domiciliary midwifery or health visiting* ; of the total, 317 were males and 1,375 were assistant nurses. Local health authorities employed directly 7,712 nurses in this service and voluntary organisations employed 2,392 under their arrangements with the local health authorities. These figures compare with a total of 9,884 at the end of 1955, of whom 5,200 were employed part-time in home nursing, 7,566 were employed directly by local health authorities and 2,318 by voluntary organisations.

At the end of 1956, the service was provided as follows :—

TABLE 53

*Home Nursing Service, 1956
(at 31st December)*

Provision	Number of Areas		
	England	Wales	Total
Wholly by local health authorities	91	14	105
Wholly by voluntary organisations	35	2	37
Partly by local authorities and partly by voluntary organisations	3	1	4

* See footnote on page 89.

Home nurses paid 24,652,655 visits to 1,097,148 patients in 1956, compared with 24,292,250 visits to 1,148,179 patients in 1955. The volume of work entailed by the nursing of old people is shown by the number of visits (12,455,146) to patients who were aged 65 and over at the time of the first visit during the year.

The following Table gives an analysis of 1,023,570 of the cases attended, entailing 22,689,922 visits :—

TABLE 54

Analysis of Home Nursing Work undertaken during 1956

	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases attended by home nurses during the year	704,926	211,724	4,297	24,602	10,822	67,199	1,023,570
Number of visits paid by home nurses during the year ..	16,726,094	4,011,712	35,468	1,130,500	93,689	692,459	22,689,922

Training of District Nurses

After consultation with representatives of local health authorities and other interested bodies about the Report of the Working Party on the Training of District Nurses*, the Minister decided to set up a Committee to advise him on matters relating to district nurse training and, in particular, on the approval of schemes of district nurse training and examinations submitted by local health authorities. Arrangements for the appointment of members of the Committee were proceeding at the end of the year.

Accommodation for District Nurses

Although in most areas recruitment of the requisite number of district nurses was not unduly difficult having regard to the general national shortage of nurses, some local health authorities administering rural areas have found it necessary to provide housing accommodation in order to attract district nurses into their service and meet the need for the nurses to be resident in the area. Despite the restriction of capital expenditure which became more stringent during the year, in most cases it was possible to approve proposals by local health authorities to provide this accommodation where the efficiency of the nursing service in the area depended upon it. Housing authorities cooperated in many instances by allocating housing accommodation to district nurses employed by County Councils.

Domestic Help Service

During the year under review there was a further expansion of the domestic help service. The number of home helps employed whole-time at 31st December, 1956, was 3,014, and the number employed part-time was 36,042, compared with 3,055 and 32,850 respectively at the end of 1955. The number of home help

* See the Annual Report of the Ministry of Health for 1955, Part I, page 92.

organisers employed at 31st December, 1956, was 392 whole-time and 148 part-time, compared with 399 whole-time and 73 part-time at the end of the previous year.

A further rise occurred in the number of cases attended by home helps during the year. Help was provided in 1956 in 237,661 cases, of which 31,628 were maternity and 5,500 tuberculosis cases compared with 231,077 in 1955, of which 30,874 were maternity and 6,266 tuberculosis cases.

The care of the elderly and chronic sick at home continued to make the greatest demand on the service and 68 per cent. of the applicants for whom help was provided during 1956 came within these categories. During the year, help was provided for 161,006 aged and chronic sick compared with 153,439 in 1955.

Maternity cases continued to have priority. The provision of a home help is often a decisive factor in enabling the confinement to take place at home.

Home helps also play an important role in many areas in the rehabilitation of problem families (see also page 99 below). These families are often apathetic and resistant to change and inclined to resent any intrusion into their households. Helping in the rehabilitation of these families is, therefore, a severe test of the resourcefulness of the home help and is of necessity a slow process, but it has been found that with sympathy and understanding many home helps have been able to promote better standards of cleanliness, housekeeping and self respect. Good results have been made possible by the selection of home helps with a special aptitude for such work and by the employment of an informed and imaginative home help organiser.

The London County Council's scheme for allocating home helps to live in households where there are young children, when the mother goes into hospital, is now an integral part of the Council's home help service. Experience has, however, shown that many factors tend to limit the use of the service—for example, where conditions in the home are bad or where the parents object to resident help in the absence of the mother. After a successful experimental period of a similar scheme by Kent County Council continuance of the arrangements has been approved. The Council has now extended its scheme to provide a preventive and rehabilitation service to assist problem families.

A considerable amount of time is spent by the home helps in washing clothing and bed linen in households qualifying for the provision of domestic help, through the presence in them of elderly or chronic sick persons. With a view to conserving the energy of the home help for other duties in the home, a few authorities have set up laundry centres. Laundering facilities of this kind make not only for more appropriate use of the home help's time, but also for greater comfort in the households served.

The Second International Conference of the Institute of Home Help Organisers, held at Lady Margaret Hall, Oxford, in the autumn of 1956 was attended by 222 delegates, of whom 42 were visitors from 13 countries overseas. The Conference was opened by Lord Beveridge, who spoke of the new social problems which had arisen during this century and the changes in family structure. Talks were also given on all aspects of the domestic help service, including training for organisers and for home helps.

Health Visiting Service

Number of Staff

The following Tables give the position at the end of 1956 and the two preceding years :—

TABLE 55

Staff employed by Local Health Authorities and Voluntary Organisations on Health Visiting, Tuberculosis and Clinic Duties, 1954-56
(at 31st December)

	Administrative and supervisory staff (excluding tutors)			Health visitors* (general duties)			Tuberculosis visitors†			Other duties		
	Whole-time	Part-time	Total	Whole-time	Part-time	Total	Whole-time	Part-time	Total	Whole-time	Part-time	Total
1954 ..	86	275	361	1,161	4,979	6,140	479	90	569	121	390	511
1955 ..	80	309	389	1,112	5,125	6,237	470	141	611	141	422	563
1956 ..	86	337	423	1,115	5,189	6,304	479	139	618	141	500	641

* These figures include staff employed by voluntary organisations, 178 in 1954, 236 in 1955, and 230 in 1956. They exclude staff solely engaged on tuberculosis duties.

† Health visitors and tuberculosis visitors engaged solely on tuberculosis work.

TABLE 56

Total Number of Health Visitors and Tuberculosis Visitors and Equivalent in Whole-Time Staff (Local Health Authorities and Voluntary Organisations)
1954-56
(at 31st December)

	1954	1955	1956
Health visitors	6,140	6,237	6,304
Equivalent whole-time	3,885	3,989	4,152
Tuberculosis visitors	569	611	618
Equivalent whole-time	509	562	530
Total number of staff	6,709	6,848	6,922
Equivalent whole-time	4,392	4,557	4,682

During 1956 the number of field workers continued to increase, and the decline in the number of whole-time staff was arrested for the first time since 1950. The number of staff engaged in administration again showed a small rise. Local health authorities estimated that they had vacancies for 778 health visitors at the end of the year.

Tables 55 and 56 include both staff who have the statutory qualification and those without it. As explained in previous Reports, the Minister must dispense with the requirements of the Regulations for qualifications (S.I. 1948 No. 1415) if an unqualified worker is to be engaged. Dispensations are granted only after special inquiry. In 1948, the total number of staff employed under dispensation was 1,409; in 1956 the total comprised 646 health visitors (on general duties) and 33 tuberculosis visitors, 14 fewer health visitors and 15 more tuberculosis visitors than the year before.

The large number of part-time staff are almost all employed in some other service of local authorities. The most common employment is school nursing: approximately 4,200 of the local health authorities' staff were also engaged in school health services in 1956, compared with 4,100 in 1955, 4,000 in 1954 and 3,800 in 1953. There were 864 nurses engaged in health visiting, home nursing and midwifery, 240 others who undertook school nursing in addition to these duties, and 276 more with other types of combined duties.

Visits

The total number of visits (excluding "no access" visits) paid by general duty health visitors fell in 1956 to 11,069,000, from 11,476,000 in 1955 and 11,600,000 in 1954. Attendances at clinic sessions were slightly higher at 590,000 compared with 570,000 in 1955. Visits by tuberculosis staff fell to about the 1953 level and attendances at chest clinics were also slightly fewer than in the year before. The detailed figures are given in the following Tables:—

TABLE 57

Visits by General Duty Health Visitors and Tuberculosis Visitors during 1956

Thousands

	General duty health visitors						Tuberculosis visitors
	Expectant mothers	Children 0-1	Children 1-2	Children 2-5	Tuberculosis households	Others	
First visits	176	708	—	—	—	—	—
Total visits	381	3,767	1,882	3,613	240	1,189	653

TABLE 58

Total Visits by General Duty Health Visitors and Tuberculosis Visitors, 1954-56

Thousands

	General duty health visitors					Tuberculosis visitors	Total visits —all staff
	Expectant mothers	Children 0-5	Tuberculosis households	Other cases	Total visits		
1954	318	9,811	250	1,221	11,600	646	12,246
1955	323	9,526	247	1,380	11,476	672	12,148
1956	381	9,262	240	1,189	11,072	653	11,722

There has been little apparent change of emphasis in the work of health visitors during the past three years. General duties staff paid 87·1 per cent. of their visits in 1956 to mothers and children, compared with 85·8 per cent. and 87·3 per cent. in 1955 and 1954. The total number of children visited was nearly 3,150,000 compared with 3,200,000 and 3,400,000 in the two preceding years. The number of households visited—3,100,000—was the same as in 1955.

The small decline in the total number of visits in recent years may be due to the growing uniformity in the recording of "no access" visits, rather than to any decline in visiting itself. Although not all authorities were yet able to give a comprehensive classification of "no access" visits, the available figures for 1956 show that there were about 1,100,000 abortive visits; thus in one of every 11 visits the health visitor was unable to see the person she intended to visit or a responsible representative.

Working Party on Social Workers

The Working Party held 11 meetings during 1956 at which they considered written evidence from over 60 bodies and persons interested in their inquiry, and made a start with hearing oral evidence. Groups of members visited selected local authorities in England, Scotland and Wales. Comprehensive information on the work of social workers in local authority health and welfare departments was provided in reply to a questionnaire by all local authorities in England, Wales and Scotland.

Dr. P. C. McKinlay resigned as a member of the Working Party in September to take up an appointment in New Zealand, and his place was taken by Dr. M. C. Scott.

Prevention of Illness and Care and After-Care of Persons Suffering from Illness

Arrangements continued to be carried out by local health authorities under Section 28 of the *National Health Service Act, 1946*, for the prevention of illness, and the care and after-care of persons suffering from illness.

Tuberculosis

The arrangements for the care of the tuberculous continued during the period under review, with increasing emphasis on the importance of preventive measures.

The Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons* (the Piercy Committee), published in November, 1956, made recommendations concerning tuberculous patients which are being considered.

The arrangements for offering B.C.G. vaccination to the contacts of those suffering from tuberculosis (Circular 72/49) and to school-children between their 13th and 14th birthdays (Circular 22/53) have been described in previous Reports. Following the successful outcome of the trial undertaken by the Medical Research Council on the effect of the vaccination of children aged 14 to 15, the Minister issued a Circular (14/56) to local health authorities on 27th July, 1956. This Circular drew attention to the Report of the Medical Research Council's Committee on Tuberculosis Vaccines which demonstrated that vaccination offers a substantial degree of protection to children of this age. The Committee recognised that a longer follow-up of children in the trial would be needed before it will be possible to assess whether the protection afforded by the vaccine persists throughout the period of risk in adolescence: but they specifically endorsed the value of the vaccination of children between their 13th and 14th birthdays. As a result of the publication of this Report the Minister felt that those authorities who had not yet taken power to offer the protection afforded by the vaccine to 13-year-old children should do so, and that those authorities who had not hitherto made full use of their powers should intensify their efforts with a view to securing the vaccination of a larger number of these children. Authorities were invited to consider this matter in the Circular referred to above.

By the end of the year, 120 local health authorities had been given, and 10 were awaiting, approval to offer B.C.G. vaccination to school children between their 13th and 14th birthdays; of these authorities three had been given approval to offer it to diabetic children outside this age group.

By the end of 1956, a total of 607,023 persons (262,871 persons who had been in contact with tuberculosis and 344,152 school-children) had been vaccinated under local health authority arrangements. This included 222,663 persons vaccinated in 1956.

* Cmd. 9883. 1956. H.M.S.O., price 5s. 6d.

With effect from 1st January, 1956, local health authorities were asked to furnish additional information of their vaccination programmes, the figures for which are given below for the period under review :—

TABLE 59
B.C.G. Vaccination, 1956

Contact Scheme
(Circular 72/49)

(i) Number skin-tested	100,501
(ii) Number found negative	61,610
(iii) Number vaccinated	56,584

School-Children Scheme
(Circular 22/53)

(1) (i) Number skin-tested	219,636
(ii) Number found negative	170,809
(iii) Number vaccinated	166,079
(2) <i>Re-examinations</i>	
(i) Number skin-tested	38,571
(ii) Number found negative	2,274
(iii) Number vaccinated	929

In addition, 20,397 persons were vaccinated through the Hospital Service in 1956.

Prevention of Break-up of Families

In many areas the co-ordinating committees originally set up to deal with children neglected or ill-treated in their own homes now also consider families showing serious deterioration in standards or risk of complete break-up. Some of these committees confine their activities to co-ordination of effort and avoidance of over-lapping: others bring together the various workers with knowledge of the individual family, who then consider the most hopeful line of approach and assign major responsibility for follow-up to a particular service. All efforts on these lines do something to make social action more effective, even though a case conference by skilled workers in the field of family welfare may not yet be practicable everywhere. There will be a small number of cases where the break-up of the family, at least for a temporary period, seems inevitable. Where this is so, the case conference is particularly valuable, since the timing and method of such action can be considered from all angles.

Clearly, if it is in the least possible, preventive action is best and here it is generally the health visitor who has the opportunity of detecting the need for help and advice at an early stage. Usually she is able, in co-operation with the general practitioner or suitable statutory or voluntary bodies, to safeguard the well-being of mothers and children. In more difficult cases, when frequent supervision may be necessary for a time to ensure that rehabilitative action is maintained, it is often the health visitor herself who can most suitably provide this service. In some areas the district health visitors undertake all such work as part of their normal duties: in others specialist health visitors undertake it. An important aspect of their work is the teaching of child care and home-making.

The use of specially selected home helps has also had encouraging results, both with problem families and families in temporary difficulties due, very often, to the illness of the mother (see also page 95 above). Social case workers have been appointed by a number of authorities, and workers belonging to voluntary organisations also help. Throughout the year the Family Service Units continued their valuable rehabilitative work.

Many local authorities arranged for mothers with their young children to stay at residential recuperative centres. The physical rest, regular regime and general training usually resulted in a marked improvement in the care of children and home on the mother's return, but some authorities feel that the provision of local training facilities might be more successful than a residential training involving the mother's absence from her home.

For a variety of reasons many of these families lack furniture, household equipment, clothes, etc. and much generous help was again given by voluntary organisations to meet such needs.

When families with poor standards live in bad housing conditions, or are in temporary accommodation provided by the local authority, they are not always easy to re-house, because they may be bad tenants with arrears of rent. Co-operation between health, welfare and housing departments can produce excellent results. It is encouraging to the housing authorities if local health authorities will ensure that advice and supervision is given in any new home that can be provided. Some health departments have arranged to be informed by the housing authority of families in danger of eviction due to rent arrears. Help in budgeting and arranging for the weekly collection of rent in some instances has helped families to overcome their difficulties. The use of temporary accommodation provided by the welfare authority has played a useful part in the rehabilitation of problem families. Valuable work has been done by health visitors, who advise and help the mothers in this accommodation and continue to supervise them after they have moved into their own home.

Work with problem families was limited in some areas by a shortage of staff.

Local Authority Mental Health Services

Statistics collected from local health authorities (see Appendix XI) show a small but continuing decline in the numbers, among those reported, of mental defectives ascertained as "subject to be dealt with", and a decline between 1955 and 1956 in the numbers placed under statutory supervision.

Table E of the Appendix gives details of the total number of defectives reported and ascertained as "subject to be dealt with" under the *Mental Deficiency Acts* in 1955 and 1956. As in previous years, local education authorities provided the majority of reports. Of the total of 6,248 reports, 4,630 came from this source, 2,388 children were reported as incapable of receiving education while still at school, and 2,242, on or shortly after leaving school, as being in need of supervision.

The second half of Table E shows the arrangements which were made by local health authorities in the case of persons reported and ascertained as "subject to be dealt with". During the year under review, 722 persons were admitted to hospital. Arrangements were also made as recommended in Circular 5/52 for the short-term admission to hospital without formality of 2,020 defectives (1,271 under 16), while 548 other children and adults were provided with short periods of residential care elsewhere than in hospital. At the end of the year, there were 3,099 urgent cases awaiting admission to hospital, a smaller number than in the previous year as Table H shows.

Table F in Appendix XI shows the number of defectives who were on the registers of local health authorities at the end of 1955 and 1956. Table G shows the number receiving training of all forms, and the numbers suitable for, but not yet receiving it.

The occupation and training services continued to expand steadily. At the end of the year, 291 centres were open compared with 272 at the end of 1955. Forty-one further centres approved in 1956 and 1955 were expected to open in

due course. The number of centres conducted by voluntary organisations increased by three during the year to a total of ten. Sixty-nine small part-time or "group" centres were also active in 1956.

Notwithstanding the restrictions on capital investment, it was found possible to approve 21 schemes for new centres during the year at an estimated cost of £300,000, and many other schemes were under consideration at the end of the year.

From the reports made to the Minister by Inspectors of the Board of Control it was clear that the standards of training and organisation continued to rise, and there was a growing public interest in the activities of the centres. Provision of transport and of "school" meals for the children was general, and several authorities began to make school medical services available. It was noticeable that the numbers of younger children entering the centres for the first time were beginning to decline, while a growing proportion were in the adolescent group. A number of authorities began to formulate schemes for providing training facilities for those over the age of 16.

Good progress was made with the training and recruitment of staff. In-service courses, each for 25 students, were begun at Bristol and Birmingham for the first time, while a similar course was continued in London. Full-time courses were also provided in London and Manchester by the National Association for Mental Health, and several refresher courses staged.

No hostels were opened during the year, but plans were being studied for two residential hostels to be opened in the Greater London Area in 1957 by the National Association for Mental Health, with the support of the London Parochial Charities. These would provide an alternative to lodgings for boys and girls leaving residential special schools or suffering from serious mental handicap who, for want of other provision, might have to be found places in mental deficiency hospitals.

Vaccination and Immunisation

Smallpox

During the year under review, 333,800 persons were primarily vaccinated against smallpox (compared with 309,016 persons in 1955 and 304,560 in 1954). This number includes 263,939 babies under one year of age, equivalent to 38.5 per cent. of live births during the year (from 1st July, 1955, to 30th June, 1956). In addition, 72,332 persons were re-vaccinated during 1956, including 53,581 aged 15 years or over. A small poster emphasising the importance of vaccination was made available for the use of local health authorities in July.

Diphtheria

During 1956 the number of children immunised against diphtheria was 567,989 compared with 525,125 in 1955 and 585,549 in 1954.

In order to ascertain the proportion of children under fifteen years of age who may be regarded as remaining protected (that is, those who have had a course of immunisation during the last five years) an annual diphtheria immunity index was introduced in 1953 and from returns submitted by local health authorities the percentage of children so protected is as follows:—

1953—47.8 per cent; 1954—48.4 per cent; 1955—49.3 per cent; and 1956—48.9 per cent.

Publicity.—Press advertising was limited to advertisements placed in provincial newspapers covering selected County Borough areas from mid-February to mid-March. A poster campaign involving the display of large (16-sheet) posters on boardings was undertaken in selected County and County Borough areas during April and May. Supplies of small posters, leaflets, health visitor cards and

cinema slides were made available to local authorities. During the year orders for printed material were received from 261 authorities compared with 184 in 1955; and 100 of these asked for press advertisements. Three one-minute trailer films continued to be available for cinema showing in connection with local campaigns and between them were booked 192 times during the year. Copies of these trailers were also accepted by two of the commercial television companies (A.T.V. and A.B.C.) and had several showings during the year.

In March local authorities were informed (Circular 4/56) that the material and facilities offered in the 1955/56 illustrated brochure would remain current until further notice. In September they were advised that the production of new material would be deferred pending the consideration of new reports of various Committees of the Medical Research Council having a bearing on immunisation procedures and antigens, in case some modification of the existing message to parents was required.

Whooping Cough

Although the Minister was still not in a position to advocate a national campaign for immunisation against whooping cough, a further five local health authorities received approval for local schemes to provide for such immunisation. The number of local health authorities in England and Wales with approved arrangements by the end of the year was 130.

Tetanus

During the year, a further 24 local health authorities received authority to include the provision of immunisation against tetanus in their approved arrangements for vaccination and immunisation. The total number of authorities with such authority by the end of the year was 30.

Poliomyelitis

Vaccination against poliomyelitis was introduced on a limited scale during the year. A full account of the technical aspects of the arrangements is contained in the Chief Medical Officer's Report for 1956.

Responsibility for vaccination was placed in the hands of local health authorities who were invited in January, 1956 (Circular 2/56), to participate in a scheme to offer vaccination to as many children born in the years 1947 to 1954 as supplies of the vaccine would permit. Local health authorities were asked to invite parents to register children in their areas for the purpose, after which a selection by months was made centrally in order to maintain an even distribution of vaccine throughout the country and ensure its fairest use. All vaccine was issued to local health authorities without charge.

Vaccinations commenced early in May and were suspended at the end of June to avoid vaccination during the months when the incidence of poliomyelitis in the country is at its peak. This was done as a precautionary measure pending fuller information. During May and June, 176,200 children in England and Wales out of a total of 1,610,899 registered in the year received injections of vaccine.

On 12th November another Circular (18/56) was sent to local health authorities and in December a further supply of vaccine issued to enable them to offer second injections to those children who had received only one injection when vaccination was suspended.

The remainder of the registered children, to whom it was not possible to offer vaccination during the year 1956, were to receive priority when vaccination was resumed in 1957.

Health Centres

One new health centre at Sunderland was opened during 1956. This centre, which was built at a cost of about £59,000, is to serve an area of new housing estates on the outskirts of the town. Local health services include ante-natal and child welfare clinics. Accommodation is provided for district nurses, midwives and health visitors. Five general medical suites are provided, each having its own consulting-room, examination-room and waiting-room. Accommodation for general dental, priority dental and pharmaceutical services is also provided.

Four authorities applied for approval for schemes where building was ready to start, but, because of the restriction on local government capital expenditure, none of these projects were begun during 1956.

Approval in principle was given to one centre during 1956 and plans for three others were considered. Two of these centres are in redevelopment areas, and another is in a development area.

Ambulance Services

The latest comprehensive figures of the work done by the local ambulance services relate to the 12 months ended 31st March, 1956. They show that demand continues to rise.

In 1955/56 the number of patients carried was 15,103,803 compared with 14,392,000 in the previous year. The mileage run was 102,194,437 as against 99,444,000. The average number of miles run per patient fell slightly, being 6.8 in 1955/56 compared with 6.9 in 1954/55 and the cost per patient rose from 14s. 8d. to 15s. 5d. in the same period. These figures have been taken from the annual costing return which is reproduced in Appendix XXII to this Report.

A Circular on control of use of the ambulance service (Circular 5/56) was sent to local health authorities on 6th April, 1956, inviting their attention to a number of matters which, in the Minister's view, had an important bearing on the economical administration and operation of the local ambulance services. These suggestions for promoting the efficiency of the local services, to which reference was made in last year's Report*, were thrown up in the course of the recent series of advisory surveys undertaken by the Minister's ambulance advisers and medical officers.

At the same time a memorandum (H.M. (56)28) on the use of the ambulance service was sent to hospital authorities who are responsible for over 60 per cent. of all calls for ambulances†.

Capital Building by Local Health Authorities

Following the Government statement on 26th October, 1955, on the need for economy in capital expenditure by local authorities, the Minister of Housing and Local Government informed all local authorities on 17th February, 1956, that they would receive further guidance from the Ministers concerned about the application to individual services of the Government's general policy for curtailing capital expenditure during the ensuing six months.

On the same date the Minister of Health notified local health authorities (Circular 3/56) that it would not be possible to recommend the authorisation of loan sanction for capital works except to meet the most urgent needs: for example, for the provision of housing accommodation for home nurses and midwives, for the provision of occupation centres for mental defectives, or for other capital expenditure for which, exceptionally, there might exist a special urgency.

* See page 106.

† See Chapter II, Hospital and Specialist Services, pages 28-29.

On 10th October, 1956, the Minister of Housing and Local Government informed local authorities that the restrictions would have to continue until further notice.

During the year approval was given to 80 proposals for erecting or acquiring and equipping premises for local health services at a total estimated cost, inclusive of equipment, of £555,711. The number of schemes of each type with the cost (exclusive of equipment) is shown in the following Table, beside corresponding figures for 1955 :—

TABLE 60
*Local Health Authority Capital Building Projects,
1955 and 1956*

Type	1955		1956	
	Number of projects	Estimated cost	Number of projects	Estimated cost
Health centres	4	£ 86,503	—	—
*Maternity and child welfare clinics ..	44	505,255	6	68,430
†Day nurseries	4	59,844	1	6,000
Ambulance stations	28	495,544	2	13,436
Care and after-care hostels (for the tuberculous, etc.)	1	10,500	—	—
Occupation centres for mental defectives ..	13	116,576	21	292,668
Accommodation for home nurses and midwives	48	131,142	50	149,808
Total	142	1,405,364	80	530,342

* The maternity and child welfare clinic proposals usually include provision for school health services provided by local authorities under the *Education Acts*, particularly for dental clinics.

† Includes purchase of existing premises.

Local Health Authority Services Net Expenditure

The following Table shows local health authority services net expenditure in 1954/55 and 1955/56, and the estimates for 1956/57 :—

TABLE 61

	Expenditure (approx.)	Expenditure (approx.)	Estimates
	1954/55	1955/56	1956/57
Health centres	£ 22,000	£ 52,000	£ 67,000
Care of mothers and young children	7,789,000	8,122,000	8,862,000
Midwifery	4,427,000	4,654,000	5,175,000
Health visiting	2,951,000	3,256,000	3,648,000
Home nursing	5,424,000	5,911,000	6,529,000
Vaccination and immunisation	529,000	566,000	672,000
Ambulance services	10,540,000	11,459,000	12,470,000
Prevention of illness, care and after-care ..	1,944,000	2,123,000	2,391,000
Domestic help	5,352,000	6,250,000	7,141,000
Mental	2,129,000	2,448,000	2,935,000
Other enactments	117,000	147,000	158,000
Total	41,224,000*	44,988,000*	50,043,000*

*Ranking for 50 per cent. grant.

X

GENERAL PROFESSIONAL MATTERS

Nurses and Midwives

*The General Nursing Council**Experimental Schemes of Training*

During 1956, the General Nursing Council, with the approval of the Minister, adopted 27 further experimental schemes of training under Section 3 of the *Nurses Act, 1949*, and extended one earlier scheme for a period of five years, making a total of 100 schemes so far adopted. The new schemes, like the earlier ones, provide for the association of the training for two parts of the Register with a reduction in the total period of training normally required.

In 14 cases, general training was associated with training in mental nursing, the total period being reduced from five years to four years six months in 11 of the cases, and from five years to four years in three cases. In five cases, general training was associated with training in mental deficiency nursing, the total period being reduced from five years to four years six months in four cases, and from five years to four years in one case; in two cases, with training in the nursing of sick children, the total period being reduced from five years to four years; in two cases, with training in fever nursing, the total period being reduced from four years to three years and nine months. In four cases, training in mental nursing was associated with training in mental deficiency nursing, the total period being reduced from five years to four years.

Nurse Tutors

During the year under review 75 nurses qualified for nurse tutor diplomas, four more than in the previous year and 98 nurses are taking the course which began in October, 1956. The output of trained tutors thus continues to rise gradually.

Rule 60 of the Nurses Rules requires that a nurse shall normally have undergone at least four years post-registration nursing experience, including at least two years experience as a sister or male charge nurse in charge of a ward in a hospital, which is approved as a training school for the Register and in which student nurses have been trained throughout that time, before being eligible to receive the Certificate of Registration as a Nurse Tutor. This requirement is subject to the proviso that lesser experience will be accepted until a date to be announced by the General Nursing Council with the prior approval of the Minister.*

Health Visitor Training

As in 1955, there were 23 centres in England and Wales providing a course of Training for the Health Visitor's Certificate. Of these, Battersea Polytechnic continued to provide three courses starting at intervals throughout the year and the City of Newcastle two courses. Eighteen centres provided courses of nine months or longer and five centres provided courses of between six and nine months.

The training centres had available 687 places for students compared with 727 in 1955. The number of students who started training during the year fell from 536 in 1955 to 487.

* On 4th January, 1957, it was announced that the date would be 1st September, 1958.

Six hundred and thirty-six candidates sat for the Health Visitor's Certificate examination, 535 for the first time; 459 passed at their first attempt and 77 others who had failed on a previous occasion were also successful.

During the year representatives of most of the training centres carried out a study of their expenditure on training health visitor students and concluded that the average cost was of the order of £37 10s. per student, though considerably higher figures were noted in some centres where the numbers under training were small.

The Queen's Institute of District Nursing, with the approval of the training bodies concerned, submitted to the Minister in October, 1956, an experimental scheme for a course of training designed to prepare the student after qualification, for service as a staff nurse in hospital, a district nurse/health visitor in the domiciliary service, or as a health visitor. The training would be shared by the Hammersmith Hospital, the Battersea Polytechnic and the Queen's Institute and it was envisaged that 20 students would be selected for training courses every other year. The plan provided that students would enter the hospital with a group of students taking the normal course for State Registration and would take the block lecture courses with them throughout the hospital training. In addition, they would attend the Battersea Polytechnic one day a week, 13 weeks each year, for certain health visiting lectures and visits of observation. During the second and third years, they would spend four and six weeks respectively at a Queen's District Nurse Training Home. Practical work in hospital would be arranged to fit in with the lectures and, where possible, students would see their hospital patients in their own homes when they were undertaking public health or district nursing outside the hospital. The Final State Examination would be taken after two years and nine months training, but registration would be withheld until the student had completed three years of the course. The Part I Central Midwives Board course would follow at the Hammersmith Hospital in the last month of the third year and would take the normal six months. It would be followed by five and a half months whole-time health visitor training at Battersea Polytechnic and by the Queen's district nurse training.

The Minister gave his approval to this experimental course on 22nd November. The first group of students is expected to enter Hammersmith Hospital in October, 1957.

Medical Officers of Health

Since 1954 when the attention of local health authorities was drawn to the facilities provided by the British Postgraduate Medical Federation for the continuing education of general practitioners, increasing numbers of authorities have recognised the advantages to be gained from the attendance of their medical officers at these courses. During the academic year 1955/56, 148 assistant medical officers attended the courses for general practitioners administered by the British Postgraduate Medical Federation in the four Metropolitan Hospital Regions, compared with 84 in the previous year.

Further discussions were held during 1956 with the local authorities concerned with regard to local arrangements for the appointment of Medical Officers of Health.

Public Health Inspectors

During the course of the year, provision was made under the *Sanitary Inspectors (Change of Designation) Act, 1956*, for changing the name of sanitary inspectors, who were henceforth to be known as public health inspectors.

The change of name was only one of a number of changes recommended in their Report* by the Working Party on the Recruitment, Training and Qualification of Sanitary Inspectors. One of the main tasks of the Working Party was to find ways of overcoming the shortage of inspectors, which, they concluded, was due largely to factors affecting status and the length and inconvenience of training.

The Working Party's main recommendations included the formation of a new examining body or Education Board, in whose affairs the inspectors themselves should play a greater part than hitherto, the change of name to public health inspector, and improvements in the system of entry, in training and in examination arrangements.

As a result of meetings in July and October, 1956, the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board has been reconstituted as the Public Health Inspectors Education Board with the revised membership set out in last year's Report†. The Sanitary Inspectors Association‡ now has eight out of the 26 seats on the new Board, compared with two out of 30 seats on the former Joint Board.

The Memorandum and Articles of Association of the previous examining body have been amended in a number of other important respects in accordance with agreed proposals framed in the discussions which followed the Working Party's Report.

The objects of the new Board may be summarised as follows :—

- (i) to examine for and issue a Diploma in Public Health Inspection as the basic qualification to be recognised by the Minister ;
- (ii) to examine for such other certificates as it may consider necessary for public health inspectors ;
- (iii) to approve courses of instruction for all of its examinations ;
- (iv) to approve local authorities for the purposes of practical training ;
- and
- (v) to keep under review all questions relating to the recruitment, training and examination of public health inspectors.

At its first meeting in October, 1956, the Education Board decided to set up a Training, Examination, Recruitment and Registration Committee to consider and report upon policy in relation to these aspects of the Board's functions. A Preliminary Education Sub-Committee and a Syllabus and Training Sub-Committee were also appointed.

In Circular 19/56, dated 11th December, 1956, local authorities were reminded *inter alia* of the Working Party's recommendation that the system of paid pupillage for public health inspectors should be extended with the prospect of its ultimately becoming the normal avenue of entry, except for ex-Service candidates, and that practical training for student inspectors should be obtained in the service of local authorities approved for the purpose by the new Education Board. Authorities were informed that the Minister supported the view of the Working Party that the best training is obtained by those students who are engaged by a local authority specifically as pupils or student public health inspectors and had no doubt that local authorities would bear the recommendation in mind, and consider the advantages of adopting a system of paid pupillage or, where appropriate, of extending existing arrangements.

* Published in 1953. H.M.S.O., price 4s. 6d.

† See page 113.

‡ Now known as the Public Health Inspectors Association.

The shortage of inspectors has for long been a matter for concern in some areas. While it is too early to say what effect the implementation of the Working Party's recommendations is likely to have on recruitment, it is encouraging to note that about 40 per cent. more recruits qualified during 1956 (117) than in either of the two previous years (84 in 1954 and 82 in 1955).

Medical Auxiliaries

In the Report for 1954*, it was mentioned that proposals of a Working Party on the Statutory Registration of Medical Auxiliaries had been sent to various interested bodies for comments. After consideration of these comments, the Ministry of Health and the Department of Health for Scotland together prepared a draft scheme for registration with the title "Provisional Scheme for the Statutory Registration of Professions supplementary to Medicine". The proposals relate to chiropodists, dietitians, medical laboratory technicians, occupational therapists, physiotherapists, radiographers, remedial gymnasts and speech therapists. The provisional scheme provides for a registration board for each of these groups, a co-ordinating council and a common secretariat. The registration boards would maintain registers of qualified persons and approve systems of training and examination upon which these qualifications are based. The co-ordinating council would co-ordinate the training and qualifications of the different groups so as to keep these in line with advances in medical science and so as to avoid overlapping.

As the question of legislation depends upon agreement on essentials among all the parties concerned, the draft scheme has now been given a wide circulation among those interested, so that full consideration may be given to its provisions.

* See page 115.

XI

MEDICAL AND HOSPITAL SUPPLIES

Production and Distribution

*Drugs and Medicines**General*

The supply of drugs and medicines was again well maintained. The Pharmaceutical Industry continued to expand its manufacturing and research facilities and important new factories and research laboratories were built.

Antibiotics

Penicillin.—Output in 1956 was 155 million mega units, an increase of 26 per cent. over 1955.

Streptomycin.—The output of this antibiotic also increased by a further 6 per cent.

Viomycin.—This antibiotic continued to be made available only to hospitals under central contracts.

Bacitracin.—Small quantities were imported from Europe and supplied to hospitals through Regional Distribution Centres.

New Antibiotics

Novobiocin.—Supplies of United Kingdom manufacture were made available for general use.

Oleandomycin.—This antibiotic became available to hospitals and arrangements were being made to manufacture it in this country.

Spiramycin.—Supplies became available generally.

Hormones

The production of the three new steroids, prednisone, prednisolone and fluorohydrocortisone was further expanded. From 1st August, 1956, topical preparations of fluorohydrocortisone were made available against doctors' prescriptions, but prednisone and prednisolone continued to be available only to hospitals. Corticotrophin (A.C.T.H.) was available to a limited number of hospitals only and consideration was given to the establishment of a new standard. The total demand from hospitals showed a decrease of 27 per cent. on 1955.

Poliomyelitis Vaccine

Manufacture of poliomyelitis vaccine on a commercial scale started at the beginning of the year and the first batches were issued to Medical Officers of Health early in May.* Two issues of vaccine were made before vaccinations ceased for the summer and a further small issue was made at the end of the year. The total issues for England and Wales were 364 litres.

* See Chapter IX, The Local Health Authority Services, page 102.

B.C.G. Vaccine

Supplies of fresh vaccine continued to be obtained from Denmark at weekly intervals and were delivered to the Central Pathological Laboratory, Colindale, for distribution. No difficulties arose.*

Pathological and Blood Transfusion Equipment

The number of hospital laboratories ordering supplies of equipment under the Ministry's central supply arrangements increased from 820 to 837. No major difficulties were experienced in the provision of the many hundreds of available items.

Plastic Blood Transfusion Sets

Experimental work on a disposable plastic giving set was continued.

Surgical Dressings, Instruments, Appliances and Dental Supplies

No serious difficulty was experienced in securing adequate supplies although there were occasional shortages of surgeons' rubber gloves and dental plaster of Paris.

Breathing Machines

As the result of continued research on the cuirasse type of respirator, a modified cuirasse shell was designed which can be moulded to fit patients more comfortably and efficiently than the present type.

Experiments with combined positive and negative pressure apparatus for the continuous ventilation of poliomyelitis and other patients were continued and a negative pressure unit was evolved which can readily be attached to the improved "Beaver" positive pressure apparatus made available to hospitals in 1955. Several new types of combined positive and negative pressure respirators were undergoing tests at the end of the year.

Arrangements are being made to build up a reserve of approved types of respiratory equipment for use in an emergency. The equipment will be kept at selected hospitals and when needed will be made available at Ministry direction to any hospital authority.

The number of new cabinet-type respirators issued to hospitals during the year in exchange for the older type Both respirators was 36, bringing the total number of new respirators issued under these arrangements to 50, including 16 of the "Alligator" type.

Spectacles

Supplies of spectacles were satisfactory and there were no complaints of delay or difficulty in obtaining supplies. The increase in mass production of spectacle lenses was maintained and returns from the manufacturers showed that 10,711,681 pairs were produced, compared with 10,250,000 pairs in 1955 and 10,300,000 pairs in 1951, previously the highest annual total.

Orders for spectacles placed by hospitals under the Ministry's contracts totalled £124,000, compared with £128,000 in 1955. Contracts were placed as usual on behalf of the Service Departments for the supply of spectacles for the Forces. A new spectacle, the Mark IV, designed by technical staff of the Ministry, was accepted by the Armed Forces and deliveries commenced in October.

* See Chapter IX, pages 98-99.

The number of frames submitted to the Spectacle Frames Advisory Committee (which advises on spectacle frames submitted by manufacturers and importers for supply under the National Health Service) rose to 207 compared with 33 in 1955. Of this number 164 were frames for half-eye lenses which became available under the National Health Service towards the end of 1955.

A revision of the lists of spectacle frame suppliers holding certificates authorising them to use the Minister's Trade Mark was commenced. All firms holding these certificates were reminded that spectacle frames bearing the Trade Mark must conform to the standards of quality specified by the Minister.

Hearing-Aids

Hearing-aid centres in England and Wales were provided with 181,360 new and repaired Medresco aids, 4,493,109 batteries and 62,999 individually moulded ear inserts.*

A frequent cause of complaint has been the short life of the connecting cables, which must necessarily be very thin and flexible and, therefore, fragile. It has been difficult to maintain an adequate supply. Extensive research has resulted in the production of a new plastic covering which should give longer life and so lead to considerable economy. Savings were also effected by a reduction in the scale of issue of batteries, as the newer types of aid require less power to operate them.

New developments during the year included the design of a microphone for use under conditions of intense humidity, a lighter battery case and a new type of insert receiver. Research was also directed towards the production of a high-performance transistor aid suitable for mass production. In consequence, no further contracts for the supply of valve monopack aids were placed.

All research on hearing-aids continues to be carried out on behalf of the Ministry by the Post Office Research Department.

Despite the issue of 526,332 Medresco hearing-aids since 1948, over 1,200 speaking tubes, auricles, ear trumpets and other non-electric aids were issued in 1956 compared with 865 in 1955.

X-ray Apparatus

The central supply to hospitals of X-ray apparatus (diagnostic and therapeutic) in 1956 continued at much the same level as in 1955. During the year, six of a new type of 100 mm. camera unit were supplied, five of them to out-patient departments of hospitals in various parts of the country where routine chest work accounts for a high percentage of X-ray work. The tests to be carried out with these cameras will not only provide valuable clinical data but will, it is expected, effect a saving in film.

Consultation between Radiologists and Manufacturers

During the year a Joint Consultative Committee comprising radiologists and representatives of the British X-ray industry was established to provide for periodical consultation on general questions of design, performance and future development of X-ray apparatus. The first meeting was held in October, 1956.

X-ray Film

The total quantity of X-ray film supplied to hospitals under the Ministry's contracts exceeded 23 million square feet, about 5 per cent. more than in the previous year.

* See also Chapter II, Hospital and Specialist Services, page 24.

Exports and Imports

The value of exports of medical supplies and equipment increased slightly. The following Table (from Trade and Navigation Accounts) shows the export achievement of the industries concerned :—

TABLE 62

Exports of Medical Supplies (United Kingdom) 1954-56

Commodity	£ million		
	1954	1955	1956
Medicinal and pharmaceutical products	32.11	35.90	35.94
Medical, surgical, dental and other instruments and appliances	2.08	2.29	2.35
Ophthalmic instruments and appliances (excluding parcels post)	0.80	0.78	0.62
Electro-medical apparatus	0.53	0.60	0.71
X-ray apparatus and tubes	0.79	1.04	1.22
Adhesive bandages, plasters and surgical dressings	4.36	5.04	5.04

The value of exports of medicinal and pharmaceutical products was roughly the same as in the previous year. A fall in exports to the Commonwealth was compensated to some extent by a marked rise in exports to the dollar area and there was a significant increase in exports to Western Europe.

Imports of raw drugs decreased in value by £400,000, the total being £2,100,000, compared with £2,500,000 in 1955.

The value of imports of drugs, medicines and medicinal preparations increased slightly to £7,800,000, compared with £7,700,000 in 1955.

There was a decrease in the value of imported raw drugs and also in manufactured drugs re-exported in an unchanged state. The respective totals are £220,000 and £440,000, compared with the previous year's totals of £240,000 and £660,000.

Purchasing, Inspection and Cost Investigation

General

The Ministry's central purchasing and contracting in the field of medical supplies required by hospitals and on behalf of the Service Departments and Government Departments generally was continued at a steadily increasing rate. Advice on technical and contractual matters was given to hospital authorities when requested.

There was a slight increase in the number of contracts for medical supplies (other than artificial limbs, appliances, etc.) placed by the Ministry to 351 fixed quantity and 414 running contracts. The total value of these contracts was about £8,500,000, of which £6,820,000 was for hospital and other National Health Service needs. The contracts included £1,233,000 for X-ray apparatus, £2,300,000 for X-ray film, £1,217,000 for antibiotics and £782,000 for hormones.

Packing

The packaging of volatile solvents and strong acids continued to give trouble. A new type of closure was adopted by the Service Departments as the standard pack for ether and acetone, but the ideal pack for strong acids has yet to be found.

The supply of Vitamin A and D tablets for the Welfare Foods Service was continued. The use of moisture-proof film for the envelopes eliminated the earlier complaints of tablets becoming unfit for issue as a result of damp conditions during transit or storage. An isolated complaint provided striking evidence of the superiority of the moisture-proof film. Four cartons of packaged tablets, all from the same batch were returned for investigation as being unfit for issue. On examination, some of the packets had obviously been affected by damp and the tablets rendered unfit for use. On sorting these, it was found that by mischance some plain film envelopes had been included in the batch and that in every instance the affected tablets were in these envelopes. The tablets in envelopes of moisture-proof film, although subjected to the same conditions of transport and storage, were still in perfect condition.

X-ray Apparatus

During the year a survey of the X-ray equipment in mass miniature radiographic units was begun and some 50 units were inspected. The object of the survey was to determine the general condition of the units and to have them reconditioned where necessary. The inspection of X-ray equipment purchased centrally required over 800 visits to hospitals and factories. There was a marked increase in the number of requests from hospital authorities for technical advice. In many cases this resulted in substantial economies.

Spectacles

Assistance was given to the Service Departments in the preparation of an illustrated manual on the fitting, assembly and adjustment of Mark IV spectacles.

Artificial Limbs, Surgical and Medical Appliances, Invalid Vehicles

The purchase under contract of artificial limbs, surgical and medical appliances and invalid vehicles, to meet the needs of individual hospital patients was continued.*

A new motor tricycle, with a fibre-glass body and a sliding door affording complete weather protection, was added to the range of models available to meet the varying needs of disabled people. All the machines now purchased, comprising both petrol and electric models, are weather-protected.

The range of invalid chairs was also increased and improvements were incorporated in existing designs. The maintenance, inspection and repair of all invalid chairs and tricycles continued to be undertaken under Ministry arrangements. A total of 5,091 invalid chairs were supplied from stock during the year; 23,274 requests for spare parts, required by repairers of invalid chairs and tricycles throughout the country, were received and 93,000 items were despatched. At the end of the year, 9,622 motor and electric tricycles, 3,429 hand-propelled tricycles and 34,192 invalid chairs were in use by National Health Service patients in England and Wales.

The standard list of surgical footwear and appliances, comprising about 1,000 items, was kept under review, with the assistance of an Orthopaedic Sub-Committee of the Medical Supplies Working Party. During the year, over 50,000 special appliances needed to meet the requirements of individual patients were prescribed by hospitals, each incorporating variations outside the standard range. The wide variety of appliances prescribed reflected the considerable amount of development which is continuously taking place in this field.

Deliveries by contractors improved slightly during this year, but the diminishing number of craftsmen in the surgical footwear trade still causes concern and the help of the Ministry of Labour and National Service was enlisted to stimulate recruitment.

* See also Chapter II, Hospital and Specialist Services, page 23.

The number of artificial limbs, artificial eyes, invalid vehicles and their storage sheds supplied or repaired under the Ministry arrangements is set out in Appendix XIII, together with comparative figures for previous years. There were also 29,000 dozen stump socks supplied.

Domestic and Non-Medical Supplies

No important changes were made in the central contracting arrangements for the supply of domestic equipment to hospitals during the year.

There were substantial rises in the prices of a number of items of cleaning materials and hardware, particularly of brushware and soaps. The value of the hospital contracts placed by the Ministry of Works for this group of commodities was £580,000, an increase of nearly £70,000 over the previous year's figure. The value of the paper, stationery, office machinery and office requisites supplied to hospitals through Her Majesty's Stationery Office increased from £375,000 to £405,000.

Raincoats for drivers and a new design of dress for donor attendants were added to the range of uniforms provided for personnel in the Blood Transfusion Service. The value of the orders placed was approximately £10,000. Orders totalling £2,000 placed for badges for long-service blood donors, included an improved silver gilt badge with mercurial fire gilt finish.

The hospital demand for interior-spring mattresses remained fairly constant at a little over 13,000 mattresses, valued at approximately £77,000. A share of the contracts was again given to the Workshops for the Blind. Owing to lack of demand, no new contracts were placed for hair-filled mattresses.

Standardisation and Specifications

The groups of the Medical Supplies Working Party advising the Ministry on new types of hospital medical equipment and on specifications, met regularly during the year. In the field of domestic supplies, tests were continued of materials incorporating man-made fibres as alternatives to the traditional all-wool and cotton materials in general use in hospitals. Favourable results were obtained with blends of viscose rayon staple and cotton for nurses' uniform dresses and with an all-viscose rayon staple ticking for hospital mattresses. Close liaison with the British Standards Institution was maintained on the development of British Standards for both medical and non-medical equipment.

The Report of the Committee on Trial Case Lenses*, appointed in December, 1954, under the Chairmanship of Sir Stewart Duke-Elder, K.C.V.O., M.D., F.R.C.S., was published in September, 1956. The Report is highly technical and recommends certain standards of measurements and accuracy to which trial case lenses should be manufactured. As trial case lenses are fundamental to the prescribing of spectacles the Report has great significance.

The first British Standard for Spectacle Lenses was published during the year and all spectacle lenses supplied under the National Health Service must now conform to this standard. Other ophthalmic standards including metal and plastic spectacle frames, materials for spectacle lenses and a glossary of terms relating to ophthalmic lenses are being prepared.

The difficulties experienced in purchasing at an economic price certain items of laboratory glassware strictly conforming to the appropriate British Standard have been under consideration. The Standards require that articles shall be permanently and legibly marked with the letters B.S. and the number of the Standard. In the case of some articles the cost of this marking may be as high

* 1956. H.M.S.O., price 1s. 9d.

as 30 per cent. of the total cost, and manufacturers, although prepared to supply glassware conforming to the Standard in other respects, are reluctant to mark it unless the purchaser is prepared to pay a higher price.

Satisfactory progress on the co-ordination of hospital and Service needs was made through the work of the Joint Equipment Standardisation Committee's sub-committee on the standardisation of brushware.

The review of the Service Departments and Ministry of Health Catalogue of Medical Supplies was continued.

Prices of Goods supplied to or under the National Health Service

During the year the Ministry continued the series of investigations—began in 1953—into the costs of selected commodities supplied to or under the National Health Service (other than under central contracts), engaging in discussions and negotiations with manufacturers and their representatives to ensure that fair and reasonable prices were paid for these commodities. The Department of Health for Scotland joined with the Ministry in these investigations, and the Departments were assisted by accountants of the Board of Trade.

Optical Appliances.—Early in the year representatives of the optical industry agreed to co-operate in a cost investigation, similar to that undertaken in 1953/54, to test the continued reasonableness of the prices paid for appliances supplied by them. As a result of discussions with the industry which followed,

(i) small increases in the prices of certain lenses were accepted by the Departments as reasonable, and the Statement of Fees and Charges was amended accordingly with effect from 1st July* ;

(ii) the manufacturers of children's metal spectacle frames agreed to reduce the prices charged to prescription houses for these items, and the reductions were reflected in the statement of Fees and Charges from 1st January, 1957*.

Investigation of the costs and profits of prescription houses relating to their National Health Service work was not concluded until December, and at the end of the year the report of the Board of Trade accountants was awaited.

From 1st October there were also small increases in the prices chargeable to patients for some National Health Service types of plastic spectacle frames*. This followed an approach by the industry's representatives, who supplied information which enabled the Ministry to satisfy itself that the increases were justified.

Drugs and Dressings.—During the year the scheme previously put forward by the Association of British Pharmaceutical Industry for regulating the prices of proprietary preparations in the Cohen Committee's Categories 2, 3 and 4 was further discussed with the industry. By the end of the year these discussions had been concluded, and the Minister was considering whether the scheme, in its final form, should be put into effect.†

Cost investigations into the manufacture of surgical plasters and crepe bandages were completed. Following discussions with the Medical and Surgical Plaster Makers' Conference, manufacturers agreed to reduce the prices at which zinc oxide plasters were sold to hospitals. The Ministry found no cause to intervene regarding the prices of all other supplies covered by these two investigations.

* See Chapter VI, The Supplementary Ophthalmic Services, page 78.

† On 8th April, 1957, the Minister announced the Government's acceptance in principle of the scheme proposed by the Association and modified in discussion, and the scheme was subsequently brought into operation.

XII

THE WHITLEY COUNCILS FOR THE HEALTH SERVICES (GREAT BRITAIN)

In the course of their enquiry into the cost of the National Health Service, the Guillebaud Committee, whose Report* was published during the year, undertook a review of the working of the Whitley machinery in the Health Service and made certain recommendations. For the Whitley Councils themselves, it was a year of considerable activity resulting in improvements in rates of remuneration and conditions of service for many categories of Health Service staffs.

Working of the Whitley Machinery

The general conclusion reached by the Guillebaud Committee was that in any national service there must be some form of national machinery for agreeing centrally the salaries and gradings of the staff employed and that the Whitley system, although capable of improvement in detail, seemed to be generally appropriate for this purpose. The Committee regarded the loss of the local autonomy, formerly enjoyed by hospital authorities in this field, as an inescapable result of the introduction of a National Health Service.

As a result of their review of the working of the Whitley machinery, the Committee made certain recommendations which were accepted by the Minister and the Secretary of State for Scotland.

The Committee considered that agreements of the Whitley Councils on scales of remuneration need not be rigid and inflexible in their terms and that provision could be made in the agreements for a certain measure of elasticity to meet variations where the need arose. They suggested that the Whitley Council might profitably explore the methods used by other large-scale undertakings to introduce flexibility into national agreements and should consider whether something more might be done in this way to increase the flexibility of their own agreements. In conveying this recommendation to the Whitley Councils, the Ministers offered to make the necessary enquiries on their behalf. This offer was accepted and information about the arrangements in force under the agreements of the nationalised industries and other undertakings was accordingly obtained and transmitted to the Whitley Councils for their consideration.

The Committee also reviewed the composition of the Management Sides of the Whitley Councils and were of opinion that, in general, the employing authorities in the hospital service were under-represented, particularly in comparison with the Health Departments. They accordingly recommended that the representation of regional hospital boards and hospital management committees should be substantially increased. To facilitate this, the Minister and the Secretary of State for Scotland agreed that the representation of their Departments should be reduced by three on all the Councils except certain committees of the Optical and Pharmaceutical Councils on which the hospital

* Report of the Committee of Enquiry into the cost of the National Health Service. Cmd. 9663. 1956. H.M.S.O., price 9s.

authorities are not represented. As a result, changes in the constitutions of the Whitley Councils concerned were agreed during the year, which have increased by three the number of representatives of hospital authorities on each Management Side.

The Committee further recommended that the arrangements for consultation with hospital authorities should be reviewed in order to make certain that the Management Sides of the Whitley Councils were as fully aware as possible of the views of these authorities before decisions were reached on matters which would affect them. This recommendation was conveyed to the Management Sides of the various Whitley Councils for their consideration. In so doing, however, the Ministers emphasised that, in their opinion, any arrangements for consultation that would lead to delay in the reaching of settlements should not be contemplated.

Remuneration of General Medical and Dental Practitioners and of Hospital Medical and Dental Staff

In February, 1956, the General Medical Services Committee of the British Medical Association representing general medical practitioners and the Joint Consultants Committee acting on behalf of all grades of hospital medical staffs gave notice that an early claim for increased remuneration would be submitted and that a Joint Negotiating Committee of these two bodies had been set up for the purpose.

The following month the British Dental Association gave notice that they also intended in the near future to submit a claim for increases in the remuneration of general dental practitioners and hospital dental staff.

The claim by the Joint Negotiating Committee for the medical profession was submitted in June. It was for an increase of at least 24 per cent. in the remuneration of general medical practitioners and all hospital medical staff. The claim was a joint one, covering both branches of the profession, and, since there is no Whitley machinery operating for general practitioners, it was submitted direct to the Minister and the Secretary of State for Scotland. In July the Negotiating Committee was informed that, in existing circumstances, Ministers would not feel justified in giving consideration to any claim for a general increase in medical remuneration. Discussion of various aspects of the claim subsequently took place between Ministers and the Committee and had not been concluded at the end of the year. At this time the claim for dentists foreshadowed by the British Dental Association earlier in the year had not been received.*

On Committee B of the Medical Whitley Council agreement was reached following an award by the Industrial Court that the salaries of Senior Hospital Medical Officers should be increased by £75.

Among other agreements reached on Committee B was one for the charges made for board and lodging to medical staff who are resident in hospital to be at fixed rates according to the grade of officer concerned. This replaces an arrangement under which the charge was fixed for each resident officer by the individual hospital authority (except for house officers, for whom there has always been a fixed charge applicable to all hospitals).

* The claim for dentists was submitted by the Association in February, 1957, and was for an increase of at least 24 per cent. in remuneration. On 28th February the Prime Minister announced in the House of Commons that a Royal Commission on the remuneration of doctors and dentists in the National Health Service was to be appointed.

Committee C of the Council reached agreement on increased remuneration for Public Health Medical Officers, in line with the increases granted to other local authority staff. Agreement was also reached on increased sessional fees and other payments to medical practitioners undertaking part-time work for local authorities.

Agreements were reached between the Minister and the British Dental Association on increased remuneration for Senior Hospital Dental Officers and for the payment of fees to whole-time dental specialists who undertake domiciliary consultations.

Increased salary scales for dental officers employed by local authorities were negotiated by the Dental Whitley Council (Local Authorities).

*Contractors providing Services under Part IV
of the National Health Service Act, 1946*

References to the work of the Optical and Pharmaceutical Whitley Councils in relation to the fees payable for services under Part IV of the Act will be found elsewhere in this Report.*

Professional and Technical Staffs

Agreements were reached by Committee C of the Pharmaceutical Whitley Council on increased rates of pay for pharmacists and pharmaceutical students.

Both Professional and Technical Councils A and B were fully occupied during the year, claims having been received or agreements reached affecting almost all the 50 or more classes dealt with by them. Seven P.T.A. and 14 P.T.B. circulars were issued in 1956, many of them dealing with more than one class. Following awards by the Industrial Court, agreements were reached on pay claims on behalf of physiotherapists, occupational therapists, remedial gymnasts and radiographers and the formal ratification by the full Professional and Technical B Council of pay increases awarded by the Court to medical laboratory technicians and assistants in dispensing was awaited at the end of the year. Other agreements giving pay increases and in some cases an improved grading structure were reached concerning clinical psychologists, therapeutic dietitians, speech therapists, orthoptists, supervisors in schools in mental deficiency hospitals, regional hospital board works staffs, medical photographers, dark-room technicians, dental apprentices, building supervisors (formerly known as clerks of works in hospital management committees) and technicians in physics departments. New definitions of some of the grades of regional hospital board works staffs were agreed. Agreement on the Professional and Technical A Council provided for the counting of service in or with Her Majesty's Forces for salary purposes as if it were in the National Health Service and the abolition of the differences in salaries paid to medical auxiliaries possessing qualifications specified by the Minister as requisite for employment in the National Health Service. This second agreement followed an award of the Industrial Court.

Pay increases in the majority of cases reflected changes in economic circumstances since the date of the previous relevant agreement, but larger increases were agreed for some classes where these were found to be justified on a review of their duties and responsibilities. At the end of the year claims affecting biochemists and physicists, psychiatric social workers, chiropody teachers, hearing-aid technicians and audiometricians and hospital engineers were awaiting discussion.

* See Chapter VI, The Supplementary Ophthalmic Services, page 77, and Chapter VII, The Pharmaceutical Services, page 84.

Nurses and Midwives

In April, the Nurses and Midwives Council negotiated an agreement under which the salaries and allowances for all grades of nursing and midwifery staff in the hospital and local authority services were increased with effect from the beginning of the month. As well as providing for general salary increases, however, the agreement contained other important features. Improved increments and shorter salary scales were introduced for most grades of staff, thus reducing the time taken to reach the maximum of the scale. In the mental field, radical changes were made in the position of student nurses and nursing assistants. For student mental nurses, an entirely new scheme of training allowances was introduced under which the allowances were based on age at entry into training instead of being determined by the stage reached in training. In the case of nursing assistants, the two existing classes were abolished and a new salary structure created for a unified grade. These altered arrangements in the mental field were designed to further recruitment into mental nursing.

The Council also concluded an agreement which introduced a new and improved grading and salary structure for Chief Male Nurses and Deputy Chief Male Nurses in mental and mental deficiency hospitals approved as training schools. A further agreement resulted in higher salary scales being paid to Matrons in hospitals approved as Assistant Nurse Training Schools.

Following an award by the Industrial Court, the Council agreed to establish three categories of Home Sisters with separate salary scales for each.

Administrative and Clerical Staff

When the year opened, negotiations were proceeding on a general salary claim for all grades of administrative and clerical staff. Agreement was reached in January on salary increases for the great majority of the staff concerned, but negotiations broke down on the amount of the increase for senior grades, and at the request of the Staff Side the whole claim was referred to arbitration by the Industrial Court. Following the Court's award, revised salary scales for all grades, giving increases of about 6 per cent. in most cases, were introduced with effect from 1st February, 1956.

Later in the year, the Staff Side put forward another general salary claim. The two Sides again failed to reach agreement and this dispute also was referred to the Industrial Court who awarded an increase of 3 per cent. on salaries up to £1,200 with effect from the beginning of the first pay period after 12th December, 1956.

Agreement was reached during the year on salary scales and conditions of service for Assistant Catering Officers and, following reference to the Industrial Court, for Assistant Home Wardens, for which grades there had not previously been negotiated conditions.

The general scheme of conditions of service and the scheme for the post-entry training of administrative and clerical staff, which were mentioned in last year's Report*, were both put into effect in April, 1956. At the same time the Minister announced a scheme for selective recruitment and training for senior posts in hospital service which is dealt with more fully in Chapter II.†

A claim that London weighting should be paid to administrative and clerical staff in the Dartford area was considered towards the end of the year, but the Council was unable to reach agreement. The matter was referred to the Industrial Court who awarded special plusages similar to those paid to administrative and clerical staff employed by the Dartford Borough Council.

* See page 125.

† See page 36 above.

During the year, the Minister and the Secretary of State for Scotland announced their intention of appointing an independent investigator to undertake a review of the grading structure for administrative and clerical staff in the hospital service, but the appointment had not been made by the end of the year.*

Domestic and Ancillary Staff

In February, as the result of a negotiated agreement, the domestic and other grades of staff covered by the Ancillary Staffs Council received wage increases, and, later in the year, following an award of the Industrial Disputes Tribunal, increases were granted to those employed in the London area, thus raising to a uniform 8s. per week the amount by which London rates of pay exceed those in operation elsewhere.

An important feature of the year's work was the successful conclusion, after long and detailed negotiations, of a comprehensive review of the grading structure. As a result, improved rates of pay were agreed for over 40 grades of staff within the Council's purview.

Other agreements reached by the Council provided a revised scheme for travelling and subsistence allowances, increased payments for alternating and rotary shifts, additional payment for stokers holding the Boiler Operators' Certificate of the City and Guilds of London Institute, and a basis of payment for women engaged on work for which the Council's agreement prescribed only a male rate. The Builders Committee of the Council agreed on two wage increases for building workers. The Semi-Skilled Engineering Grades Committee, the formation of which was mentioned in last year's Report,† agreed on an increase for these grades from a date at the end of March.

Engineering craftsmen, for whom negotiations are conducted outside the Whitley Council, were also granted an increase from the same date.

General

An improved scheme of subsistence allowances, for staff (other than domestic and ancillary staff) when absent on official business, was negotiated by the General Council during the year, and agreement was also reached on the arrangements which should apply when an employee falls sick during a period of annual leave.

Apprenticeship Schemes

During the year, four more hospitals were registered for the training of cooks and a further 39 apprentices (21 boys and 18 girls) were accepted for training.

The Builders Committee of the Ancillary Staffs Council agreed with the National Joint Council for the Building Industry, that as from 1st October, 1956, the National Joint Apprenticeship Scheme should be extended to cover building trade apprentices in the hospital service.

* Sir Noel Hall, Principal of the Administrative Staff College, Henley-on-Thames, accepted in January, 1957, the invitation of the Minister and the Secretary of State for Scotland to make the investigation.

† See page 125.

Appeals

On 31st December, 1955, there were outstanding 122 appeals from staff aggrieved at the way in which the national terms and conditions of service had been applied to them. A further 256 were notified during the year, making a total of 378 to be heard. Of these, 373 fell to be dealt with by Regional Appeals Committees, the majority of them being from administrative and clerical staff; by the end of the year, 269 had been heard and 53 withdrawn or otherwise disposed of, leaving 51 outstanding. The remaining five appeals were referred direct to special Appeals Committees of the Administrative and Clerical Staffs Council instead of to Regional Appeals Committees; one of these was heard and two were withdrawn, leaving two outstanding at the end of the year.

National Appeals Committees set up by the Functional Councils also had to deal with appeals referred to them after disagreement had been registered by Regional Appeals Committees. The greatest number of such cases was in the administrative and clerical field, where two had been outstanding at 31st December, 1955. A further 37 were referred during the year making a total of 39 to be heard; of these, 30 were considered during the year and two were withdrawn, leaving seven outstanding at the end of the year. In other fields where one appeal had been outstanding at 31st December, 1955, 20 appeals were referred to National Appeals Committees during the year making a total of 21 to be heard. Of these 15 were considered, leaving six outstanding at the end of the year.

XIII

NATIONAL HEALTH SERVICE SUPERANNUATION SCHEME

Some National Health Service pensions were increased as from 1st April, 1956, by the *Pensions (Increase) Act, 1956*. Whether a pension attracts an increase, and of what amount, depends both on the date on which the pension began and on the salary on which it is based. In the case of pensions based on salaries of less than £1,500, the increase was 10 per cent. if the pension began before 1st April, 1952, and a smaller percentage may be payable if it began on or after that date. For pensions based on salaries of £1,500 or more, the corresponding date is 1st January, 1948. (The Act provided also for increases in other pensions with which this Report is not concerned.)

During 1956, awards of benefits, other than returns of contributions, numbered 4,804, comprising 2,928 to persons retiring on account of age, 767 to persons leaving owing to ill-health (including injury), 297 widows' pensions and 812 gratuities to personal representatives of deceased officers and pensioners. These figures are all of them very similar to the corresponding figures for 1955.

Transfer values received by the Minister during the year amounted to over £1,400,000 and a total of over £900,000 was paid during the year in transfer values for persons leaving National Health Service employment for other superannuable employment. The total amounts of transfer values received and paid out since 5th July, 1948, were approximately £36,000,000 and £5,000,000 respectively.

During the year the 159 tables of information about those still in the National Health Service Superannuation Scheme on 31st March, 1955, required for the first septennial valuation of the Scheme, were completed and sent to the Government Actuary, whose report was awaited at the end of the year.

XIV

INTERNATIONAL HEALTH

The work of the Ministry in the international sphere in 1956 was similar to that described in earlier Reports.

The World Health Organisation

The Ninth World Health Assembly was held in Geneva in May and was attended by officials of the Ministry, the Department of Health for Scotland, the Colonial Office, the General Register Office and the Ministry of Transport and Civil Aviation. The United Kingdom was re-elected for a period of three years as a country entitled to designate a member of the Executive Board of the World Health Organisation, and the Ministry's Chief Medical Officer was designated as a member accordingly.

The Assembly approved a spending budget for 1957 of \$10,700,000, an increase of about \$500,000 over the figure for 1956.

Albania, Bulgaria and Poland notified their intention to resume active membership of the Organisation in 1957. The U.S.S.R. and other Eastern European countries were reported to be considering whether they would also do so.*

In the course of the Assembly, Morocco, Tunisia and Sudan, which were previously Associate members were admitted to full membership of the Organisation, and the Gold Coast (now Ghana), the Federation of Nigeria, and Sierra Leone were admitted as Associate members. The Organisation now has 84 members and four Associate members, the fourth Associate member being the Federation of Rhodesia and Nyasaland.†

Technical details of the programme of the World Health Organisation will be found in the Report of the Chief Medical Officer for 1956.

Western European Union

The Ministry continued to be represented at meetings of the Public Health Committee of the Council of Western European Union and its sub-committees and working parties.

The Public Health Committee met in Paris in April and in Rome in October. The Sub-Committee on Pharmaceutical Products met in Rome in June and in London in November. The Sub-Committee on the Health Control of Foodstuffs met in The Hague in June; the Ministry of Agriculture, Fisheries and Food was also represented on this Sub-Committee. A Working Party on Civil Defence met in Paris in January and in Brussels in July. A new Sub-Committee to study the public health aspects of the peaceful uses of atomic energy, which was set up at the second meeting of the Public Health Committee, had its first meeting in London in June and its second in Paris in November. At the second meeting of the Sub-Committee on the Health Control of Foodstuffs a Working Party was set up to study problems arising from the use of pesticides. The first meeting of this Working Party was held in London in November.

* The U.S.S.R., Albania, Bulgaria and Poland assumed active membership in time for the Tenth Assembly, May, 1957.

† Ghana became the 85th member in April, 1957, reducing the Associate members to three.

In addition to the further study of subjects mentioned in the last Report* the Public Health Committee gave preliminary consideration to a proposal for the publication of a periodical bibliography on Public Health and also initiated a study of responsibilities for public health authorities for personal or material damage caused by the application of preventive health measures.

The Joint Committee on Rehabilitation and Resettlement of the Disabled representing health and social welfare interests was also attended by Ministry representatives. The Committee met in Rome in March and in Bonn in September.

Fuller details of the discussions in these bodies will be found in the Report of the Chief Medical Officer for 1956.

The Sub-Committee on Social Security of the Council's Social Committee continued to study the cost of medical benefit and for this reason the Ministry was represented at the first of the two meetings of the Sub-Committee which were held during the year.

Exchanges of Personnel

During the year eight visitors came from France under the auspices of Western European Union. Their particular subjects of interest were orthopaedics, the rehabilitation of epileptics, obstetrics, psychiatric services for children, and hospital administration. Three visitors from the Netherlands under the same scheme were interested in radiological protection.

A medical officer of the Ministry visited Germany and France to study developments in prosthetics; and a medical officer visited France to study certain aspects of cancer.

The Council of Europe

Two meetings of the Council's Committee of Public Health Experts were held in Strasbourg in February and November and were attended by a medical officer and an administrative officer of the Ministry.

The agreement on the exchange of war cripples for treatment which was mentioned in the last Report† was ratified by the United Kingdom on 13th July.

The subjects considered at previous meetings were again discussed. Further information will be found in the Report of the Chief Medical Officer for 1956.

Other International Work

The Colombo Plan

The Ministry again assisted the Commonwealth Relations Office in arranging courses of instruction in this country for trainees from South and South-East Asia under the Colombo Plan, but help was asked for to a lesser extent than in previous years. During the year six trainees received courses of instruction—two in prosthetics (Ceylon); one in anaesthetics (Thailand); one in midwifery (Burma); two in health visiting (Thailand).

Recruitment for other Areas

The Ministry again helped in finding experts for posts abroad—a medical laboratory technician and a health visitor for Cyrenaica and a hospital administrator for Qatar. Arrangements were also made for short-term visits by a professor of gynaecology and a professor of otolaryngology to the Royal Medical College, Baghdad. Other posts were under consideration at the end of the year.

* See page 130.

† See page 131.

In May arrangements were made jointly by the Ministry and the Foreign Office for a team of five physiotherapists and one occupational therapist to go to the Argentine for a six months' stay in order to assist in the rehabilitation of patients afflicted by the severe epidemic of poliomyelitis which occurred in that country during the early months of 1956. The passages and travelling expenses of the team were paid jointly by Her Majesty's Government and Royal Mail Lines, Ltd., while their salaries in the Argentine were paid half by the British Community and half by the Argentine authorities. The team returned to the United Kingdom at the end of the year.

Arrangements were also made with the Argentine Government for a short advisory visit by Professor H. J. Seddon, C.M.G., Director of the Royal National Orthopaedic Hospital, in November and December.

Both visits were reported to be particularly successful.

Social Affairs

The Eighth International Conference on Social Work was held in Munich in August and was attended by over 2,000 persons, including many Governmental representatives. The theme of the Congress was Industrialisation and its effect on Social Work for Family and Community. The British delegation numbered 112, representing both statutory and voluntary services. The United Kingdom was given the Chairmanship of two out of the 20 Study Groups, one on Problems of the Aged in an Industrial Society and the other on Employment Problems of Elderly Workers, which were chaired by the Ministry's Chief Welfare Officer and the Chairman of the National Old People's Welfare Council respectively.

Under the auspices of the United Nations European Office of the Technical Assistance Administration, the Intra-European Exchange Sub-Committee of the British Committee for the Interchange of Social Workers and Administrators organised a Seminar on the Principles and Practice of Group Work at Leicester from 17th to 31st July, 1956. This followed the Seminar on New Methods of Working with Youth Groups held in Finland in 1955, and was the first European Seminar to study group work in a wide context.

Towards the end of the year, an International Study Week was held in Brussels by the Belgian "Office d'Identification" on the Social Problems of Old Age. At the request of the United Nations Technical Assistance Administration the Ministry's Chief Welfare Officer attended as a "short-term expert" to give an address on Social Services for the Aged in the United Kingdom, and to link the Study Week with the United Nations Seminar on Social Services for the Aged held in Belgium the previous year.

During the year arrangements were made, as in previous years, for Fellows and Scholars visiting this country through United Nations, Fulbright, and other awards to study aspects of the social services with which the Ministry is concerned. Once again the Ministry is glad of the opportunity of recording cordial appreciation of the generous help given by local authorities and voluntary organisations in arranging individual programmes to meet a great variety of interests.

Overseas Visitors

Nearly 1,000 visitors from overseas were received by the Ministry during 1956—slightly fewer than in 1955. They included officials of international bodies and visitors from all the Commonwealth countries, 20 Colonies and other territories, and 59 foreign countries. The most common subjects of interest to them were the National Health Service generally and, in particular, nursing, maternity and child welfare, mass radiography, rehabilitation, hospital services and planning, geriatrics, tuberculosis and cancer research.

SECTION II

WELFARE, FOOD AND DRUGS, CIVIL DEFENCE

XV

SERVICES FOR THE ELDERLY, THE HANDICAPPED AND THE HOMELESS

Residential Services

Provision of Homes

At the end of the year under review local authorities in England and Wales had, since the end of the war, opened 928 new homes for the aged and infirm (including the blind) in need of care and attention, representing bed provision in a modern type of home for some 27,850 residents. Seventy-eight of these homes are of new construction. The number of homes opened during 1956 was 73, of which 22 were purpose-built, with accommodation for 35 to 40 residents in each. Progress in the development of new homes by local authorities is, for the time being, governed by the extent of borrowing which can be permitted for capital projects following the Chancellor of the Exchequer's announcement in the House of Commons on 17th February, 1956, of restrictions in local authority capital expenditure. The effect of these restrictions, in terms of additional beds, is not yet apparent; homes opened in 1956 represent almost entirely schemes approved and building started before the restrictions were imposed. In allocating the amount available through loan sanction issues for financing new schemes, local authorities whose need for additional accommodation is shown to be of the greatest urgency have preference. This has inevitably made long-term planning by authorities more difficult, for at the time when a major project is decided upon and sketch plans are prepared it cannot be foreseen when loan sanction will be sponsored. Nevertheless, all proposals are examined by the Ministry and taken up to the point of agreement on the details of the scheme in order that the succeeding formalities—preparation of working drawings and bills of quantities, etc.—may proceed without delay as soon as it is known that loan sanction can be given.

The first stage in the development of residential accommodation for epileptics at Cookridge Hall, Leeds, was completed during the year by the opening of 30 beds in the existing building. The extensive site, makes possible provision for a very much larger number of residents when further building can be permitted. Fourteen Yorkshire authorities are participating in the scheme, the administrative arrangements being carried out by the Leeds City Council.

An increasing number of local authorities recognise the importance of providing for the temporary care of very aged and infirm people, in order to give a period of relief to the relatives who normally carry this responsibility. In spite of pressure on accommodation many authorities contrive to make a few beds available for this purpose. The usefulness, and indeed far-sightedness, of making such provision was brought out by the Ministry's "chronic sick" surveys.

Provision by voluntary organizations of homes for old people and for the blind, complementary to that made by local authorities, proceeds steadily. For example, Ruislip and Northwood Housing Association and Greater Ealing Old People's Homes Limited both have new homes under construction in association

with Middlesex County Council. The Cambridge Housing Society, mentioned in last year's Report,* opened a home with 38 single bedrooms during the year. The National Corporation for the Care of Old People is meeting the capital cost of a new home for the infirm at Leicester incorporating the modifications described in the Circular (3/55) issued to local authorities in February, 1955. The home will be built on land leased at a nominal rent from the Leicester City Council, and when complete the National Corporation intend to lease the home to the City Council who will meet the maintenance costs and carry out the day-to-day management. The Governors of the National Corporation will be represented on the Management Committee of the home to enable them to watch the operation of the home in practice. "The Governors believe that whilst it is essential to provide homes for this type of person (i.e. infirm aged) there may well be considerable difficulties which will arise in carrying out the proposals."† The plans have had formal approval and construction should start early in 1957.

Numbers in Residential Accommodation

The number of persons in residential accommodation provided directly by local authorities, or through arrangements with voluntary organizations, under Part III of the *National Assistance Act, 1948*, at 31st December, 1956, is given in Appendix XXIII. There was an increase of 2,691 on the numbers for the previous year, bringing the grand total to 74,125, a rise of nearly 60 per cent. since January, 1949. The number of women in residential accommodation has almost doubled in the last eight years. Over the same period, the number of men and women in voluntary homes, under arrangements with County and County Borough Councils, increased from 4,430 to 10,254.

Temporary Accommodation

The number of those in temporary accommodation provided under Section 21 (1) (b) of the *National Assistance Act, 1948*, on 31st December, 1956, was 4,506, compared with 4,753 the previous year, and 4,601 on 1st January, 1955.

Reference has been made in earlier Reports to the growing recognition that the provision of temporary accommodation for evicted and homeless families was not, in itself, enough to meet the problem of the hard core of difficult or problem families, and examples were mentioned of the energetic steps taken in London and elsewhere towards the rehabilitation of selected cases with a view to rehousing. Many authorities have now appointed officers with special functions in relation both to potentially homeless families and to those already being accommodated. On the preventive side, to which more and more attention is being given, working arrangements between the County Council, as the authority which may have to provide temporary accommodation if a breakdown occurs, and the County District Councils, as the housing authorities, have proved effective in a number of areas in avoiding eviction of unsatisfactory tenants for rent arrears or other reasons. The main burden of the work by authorities and their officers under Part III of the *National Assistance Act, 1948*, lies, however, in the rehabilitation of problem families who have lost their homes, in order to help them to achieve an acceptable standard preparatory to rehousing. Such work is demanding in patience, tact, sympathy and skill, and, although the prospects of success may often seem dim, the encouraging results which are often achieved make it well worth-while. In Birmingham where, as in most large County Boroughs, the provision of temporary accommodation under Section 21 (1) (b) of the *National Assistance Act, 1948*, is closely associated

* See page 133.

† Eighth Annual Report of the National Corporation for the Care of Old People. 1955.

with the general housing problem, the City Council sought, and were given, consent to refer their functions under that sub-section to the Housing Management Committee the Council. The experiment of bringing this responsibility under the body responsible for general housing will be watched with much interest.

Registration of Homes for Disabled and Old Persons

There was a further increase in the number of homes registered with local authorities in 1956. On the night of 31st December, 1956, the total was 1,587, with a bed provision of 31,140, a net addition of 93 homes and 1,603 beds over the previous year. Fuller details are given in Appendix XXIV.

Welfare Services for Handicapped Persons

Welfare of the Blind and Partially-Sighted

The total number of blind persons on the registers of local authorities at 31st December, 1956, was 96,019 an increase during the year of 1,336.

The proportion of the newly registered blind aged 70 years or over, which has increased steadily for a number of years—in 1937 it was 43·4 per cent. and in 1955 69·9 per cent.—increased further during the year to 70·1 per cent. To try to ensure that remedial treatment is available to all who could benefit by it, more precise information about persons in the older age groups is being obtained, and local authorities have been asked to arrange, starting from 1st January, 1957, for particulars of blind persons of 70 years and over to be shown in four separate age groups i.e. 70–79, 80–84, 85–89, and 90 years and over. Local authorities were at the same time asked to obtain for the annual return more detailed particulars of blind school-leavers at the age of 16 years so that their training and employment can be better followed up. Some small amendments to form B.D. 8. (Certification of Blindness and Partial-Sight) were introduced during the year, the most important of these being an entry showing who was responsible for referring the applicant to the local authority for registration, e.g., the general practitioner, the National Assistance Board or other source. The desirability of securing information on this point was one of the matters to which attention was drawn in Professor Arnold Sorsby's most recent review.*

Approval was given during the year to the employment of sighted severely handicapped persons in four further workshops for the blind, bringing to 13 the total number of blind workshops approved for this purpose. Consent, for a specified period, was given to two county authorities to use home teachers of the blind in providing services for handicapped persons other than the blind. In one of the counties (Northumberland), in continuation of an earlier experiment, home teachers, who have been afforded an opportunity to acquire knowledge of the special needs of deaf and dumb persons, are providing services in two remote and sparsely populated parts of the county for such handicapped persons. In the other county (Cambridgeshire), the experiment is a new departure.

Residential refresher courses of one week's duration on the special needs of the deaf blind, at which home teachers and deaf blind persons spent several days together, were arranged by the North Regional Association for the Blind during the year. Several local authorities accepted an offer by the Royal National Institute for selected home teachers to spend a short period at one of the Institute's Sunshine Homes for Blind Babies and at the Parent's Unit at Abbotskerswell.

* Blindness in England, 1951–54. H.M.S.O. 1956, price 3s.

Arrangements were made by one local authority (Sheffield) for each of its home teachers to gain experience in the authority's special day nursery for blind and partially-sighted children under five years of age.

The Ministry is represented on a small working group set up by the Blind Persons Committee of the National Advisory Council on the Employment of the Disabled to consider problems connected with industrial and social rehabilitation at the residential centres at Torquay and Oldbury Grange of the Royal National Institute for the Blind. The improvement mentioned in last year's Annual Report* in the number of persons put forward by local authorities for admission to Oldbury Grange was maintained, but the relatively small number of applications received for residence during the winter months is still giving rise to some anxiety.

The survey, which was begun by officers of the Ministry in 1955 and to which reference was made in last year's Report*, of the arrangements made by local authorities for placing blind persons in open employment was completed early in the year. It was found that approximately 50 per cent. of local authorities had agency arrangements with the Royal National Institute for the Blind for the use of the Institute's placement service, approximately 20 per cent. made use, through agency arrangements, of the services of other voluntary organisations for the blind, and approximately 30 per cent. provided a direct service. The survey brought out in general the value of a specialist placement service; placement was apt to be weak in those few areas in which home teachers or other officers without the right sort of experience were engaged on the work. The existence or otherwise of suitable local industries naturally affects the success of placement work and it was found that there was still, in some areas, a bias towards sheltered employment. The survey also showed that the appointment of a specialist placement officer is not in itself sufficient to ensure an adequate placement service unless full cooperation exists between the placement officer and the officers dealing with related blind services. The actual placement of a blind person may be only the final step in a combined operation which has involved all the services concerned with rehabilitation (including rehabilitation at home), training and welfare and the disablement resettlement officer.

Particulars of the registers of blind and partially-sighted persons at 31st December are given in Appendices XXVI and XXVII.

Welfare of the Deaf and Hard of Hearing

During the year, approval was given to four schemes submitted by local authorities in England and Wales in accordance with the guidance given in Appendix 1 to Circular 32/51, making a total at the end of the year of 108 approved schemes for the provision of welfare services for the deaf and hard of hearing. The total number of deaf and hard of hearing persons on the registers of local authorities at 31st December, 1956, was 17,310 and 11,065 respectively (see Appendix XXV). From these figures it seems reasonable to conclude that in the areas of the authorities with approved schemes the registers of the deaf are fairly complete. The number of hard of hearing persons on the registers remains, however, relatively small.

The pattern of services provided for the deaf has changed little from last year. The greater part of the welfare services continues to be provided by or through the voluntary organisations with local authority support. The trend noted a year ago for some local authorities to supplement by direct services the services provided by the established voluntary organisations has continued on a small scale. During the year, two further authorities (Nottinghamshire County Council and Nottingham County Borough Council) appointed officers to work

* See page 136.

with the deaf. The fact that registration by hard of hearing persons continues to be low does not, of course, imply that the welfare needs of this group are being overlooked. Many clubs and social centres (about 150 in England and Wales) have been set up, and most local authorities with schemes are giving their support. There is no doubt that good use is being made of these facilities.

Welfare of other Handicapped Persons

During the year, 10 schemes submitted by local authorities in England and Wales in accordance with guidance given in Appendix II to Circular 32/51 were approved, making a total at the end of the year of 111 approved schemes. The number of persons on local authority registers for the "general classes" of handicapped persons at 31st December, 1956, was 56,340, an increase of 8,951 (see Appendix XXV).

Welfare services in the areas with approved schemes continued in general to develop along the lines indicated in last year's Report. Arrangements for adaptations and structural alterations at the homes of severely handicapped persons, social activities—clubs, social centres, outings and holidays—outwork schemes, pastime occupations, including the teaching of the homebound, are among the permissive services being provided to an increasing degree. Some authorities, particularly in county areas, are finding difficulty in obtaining suitable staff to enable them to develop their welfare services as rapidly as they would wish. As noted in previous Reports voluntary associations to assist in the development of these services have been set up in a number of areas and a few more have come into being during the year. The indications are that one of the most promising and rewarding lines of development is through the establishment of social centres at which the severely handicapped are encouraged, not simply to meet in groups (important though that is in bringing greater interest into lives which might otherwise be more confined), but also to find an outlet for creative activities, whether tangible in the form of making things or intangible in such ways as those of choral singing or other forms of music making. The St. Raphael Club, Norwich, is a good example of a pioneer venture in which self-government by the handicapped and help by the members for each other are the essential features.

A Circular (10/56) was sent to local health authorities on 26th June, enclosing copies of a Report by a Sub-Committee of the Standing Medical Advisory Committee on the Medical Care of Epileptics*, which had been endorsed by the Central Health Services Council.† The Report, *inter alia*, drew attention to the valuable help which local authority domiciliary visitors can give in the resettlement in the community of epileptics discharged from hospitals and colonies.

The Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons‡ published towards the close of the year said in describing the Welfare Services of local authorities: "It is clear that only the fringes of the field have yet been touched". It summed up the responsibilities of local authorities as being

(a) to cater for the social needs of the disabled in the employment field, and

(b) to meet social and occupational needs of other disabled persons.

Reference to action taken on the Committee's recommendations concerning local authority services will be made in next year's Report.

* H.M.S.O., price 1s. 3d.

† See also Chapter II, Hospital and Specialist Services, page 26.

‡ H.M.S.O., price 1s. 3d.

Welfare of Old People in their Own Homes

Local authorities continued during the year to study ways of co-ordinating health and welfare services which enable old people to go on living in their own homes for as long as possible. The contribution of the Home Help Service, if well integrated with the other statutory and voluntary services concerned, is invaluable in this respect.

Most authorities support the work of voluntary organisations for old people either financially or by taking an active interest in various aspects of the work, and many local authority members and officers give considerable support in this way. The range and quality of the services provided by the 1,200 Old People's Welfare Committees vary according to the needs and resources of individual areas. As indicated in previous Reports, a scheme for providing voluntary visitors is of first importance, and most Old People's Welfare Committees continue to lay emphasis on this aspect of the work, particularly for those who live alone or are house-bound.

The training courses, run under the King George VI Foundation Social Service Scheme, to which reference was made in earlier Reports, help to promote a general understanding of the social needs of the elderly. They assist in increasing the knowledge of voluntary workers about the tasks they themselves can perform as well as about the statutory resources available. During the year the National Old People's Welfare Council continued to organise leaders' courses in the regions, and in London courses for those prepared to act as tutors. In most areas regional leaders' courses have been followed by shorter courses for volunteers.

It is estimated that there are now over 5,000 clubs in England and Wales. Many of these have received grants from the King George VI Foundation, either for building or adaptation of premises or for equipment. The range of activities is wide, and there is much interest in handicrafts of various kinds. Other group activities popular with the elderly are choir singing, including entering for choral festivals, and inter-club competitions of various kinds. Holiday schemes are increasing and there is no doubt that elderly people are thereby helped to preserve their physical and mental strength.

The Food Hygiene Regulations, 1955 (S.I. 1955 No. 1906), gave a stimulus to all organisations providing mobile meals services to review their methods of preparing, handling and carrying food. Some local authorities have given helpful advice on implementing the Regulations, or made generous grants towards the cost of the new equipment. More remains to be done, however, and in some areas food is still sent out in unsuitable containers which do not conform to modern standards or keep the food hot until the last meal has been served. The extent and efficiency of meals-on-wheels services vary greatly as does the nutritional value of the meal. It is not always recognised that, from the nutritional aspect, it may be better to provide more meals per week to a smaller number of old people than to increase the number who can only be supplied once. The importance of co-ordination and close co-operation with the Home Help Service is evident in relation to this service, especially when, as in Rotherham, particular attention is given by the home helps to the feeding arrangements of the old people with whom they are concerned.

An interesting development, particularly in the North, is the luncheon club. Such clubs have been set up, often by organisers of the meals service, for old people who are not house-bound and can get out once or more a week to nearby premises. Existing club premises may be used for this purpose or a suitable place may be found elsewhere. Transport costs are reduced and it is possible

to provide the less infirm old people with a hot meal at a moderate price in the congenial company of their contemporaries.

Meals-on-wheels, however organised, demand much time and patience (in common with other services for the elderly) from a large number of volunteers. These workers give most valuable service and are a vital part of the care of old people at home.

Reference was made in a previous Report to grouped dwellings for the elderly, an interesting example of cooperation between County and District Councils enabling elderly persons to live in their own homes with some measure of help and unobtrusive supervision. In these dwellings provision is made by the District Council for a resident warden whose duties are largely those of a "good neighbour", though they may sometimes include the provision of a daily main meal in a communal room. An annual payment by the County Council broadly represents the cost of providing welfare facilities, the expenses of the warden, and the maintenance of a communal room. These schemes have continued to develop and arouse much interest, not only among County authorities but also in County Boroughs, where in a few instances a similar arrangement has been made on the Council's own housing estates by the Welfare and Housing Departments.

Cost of Part III Services

The annual return rendered by County and County Borough Councils in England and Wales for the year ended 31st March, 1956, showed the gross expenditure, including administration, incurred under Part III of the *National Assistance Act, 1948* (excluding Section 31), as £24,100,000, an increase of nearly £2,000,000 over the preceding year. As in earlier years, the principal item of expenditure was for the provision of residential accommodation, which rose to approximately £18,000,000 from £16,500,000 in 1954/55. The comparable figures in 1951/52, the year of the inception of the return, was £12,700,000. The bulk of the expenditure on residential accommodation was incurred in remuneration of staff (£6,100,000); the other main items of expenditure were in respect of premises (rent, rates, repairs, lighting, heating, furniture, equipment, etc.) and institution costs (provisions, laundry, etc., of residents and staff). The sum of £1,362,555 was paid to voluntary organisations for services provided on behalf of local authorities. The expenditure on temporary accommodation fell slightly—from £301,000 to £293,000. The gross expenditure for services to the blind and partially sighted, deaf and hard of hearing, and other handicapped persons, rose from £2,645,000 to £2,941,000. Of this, £2,610,000 was spent on services for the blind and partially sighted. On the income side of the account, payment for residential accommodation by, or on behalf of residents, amounted to £6,450,000 and was the highest single item in a gross income of approximately £8,800,000.

Removal of Persons in need of Care and Attention

The number of orders made by the Courts or by a Justice during 1955 for the removal to hospital, or other suitable place, of persons in need of care and attention who fall within Section 47 of the *National Assistance Act, 1948*, as amended by the *National Assistance Act, 1951*, appears, from information given in the Annual Reports of Medical Officers of Health, to have been about 200. It is to be hoped that as effort, both statutory and voluntary, is increasingly directed towards preventive work and arresting deterioration in its earliest stages the need to invoke this Section may gradually diminish.

Polish Medical Services

The Ministry continued during 1956 to provide special medical services in the three Polish Hostels at Northwick Park, Stover and Springhill Lodge, which are administered by the National Assistance Board and had a total population at 31st December, 1956, of 1,700, compared with 1,900 in 1955.

There were about 14,000 attendances at the doctors' surgeries during the year; 21,500 treatments (most of which were injections) were given to out-patients by the nursing staff, and 1,400 domiciliary visits were made by doctors and over 1,000 by nurses. The number of patients admitted for in-patient treatment at the long-term hostels at Northwick Park and Stover was 744, compared with 708 in 1955, and the number of bed-days increased from 10,528 in 1955 to 12,023 in 1956. Sixty-five children under two years of age and 114 in the age group two to five years were under the care of the child welfare clinic. Twenty-five expectant mothers attended the ante-natal clinic.

Preventive measures taken during the year included 75 vaccinations against smallpox (40 adults and 35 children), and 58 immunisations against diphtheria (one adult and 57 children). The number of registered tuberculosis cases fell during the year from 150 to 132. Of the latter, 14 were receiving treatment in hospitals and sanatoria. No active cases of pulmonary tuberculosis were found when the mass radiography unit visited Stover in March, 1956, but there were three suspected cases. The occupational therapy centre at Stover continued in operation under the supervision of an instructor.

The staff employed in this special service comprises three Polish doctors, 21 nurses and orderlies and five others. With the anticipated closure within the next two years of more Polish hostels by the National Assistance Board, a further influx of residents, including long-term patients, to Stover and Northwick Park can be anticipated. As there is an increasing number of elderly and unfit residents it will be necessary to retain the services of a staff of this order on these duties.

XVI

WELFARE FOODS SERVICE

No changes of a general character were made during the year in the Welfare Foods Service under which liquid milk and other welfare foods are made available to children under five years of age, and to expectant and nursing mothers.

There was, however, an alteration in the special arrangements which are made under the Welfare Foods Order, 1954 (as amended) for providing additional milk to children who attend registered day nurseries. Up to the 31st August, 1956, day nurseries were able to provide, free of charge, one-third of a pint of milk to each child attending in the morning and an additional one-third of a pint during each afternoon attendance, the cost of which was recoverable from Exchequer funds. This provision had been introduced during the war to ensure that, despite rationing and other difficulties, children who were left all day in nurseries and similar premises by their working mothers should have an adequate supply of milk. This allowance of free milk was additional to the pint of cheap milk to which every child under the age of five is entitled and it was, therefore, a duplicate benefit received only by a small proportion of the total number of children in this age group.

These arrangements were reviewed in 1955/56, and it was decided that the provision of free milk on this scale was no longer justified, and that the allowance of free milk for children at day nurseries should be reduced to one-third of a pint a day, which is the amount provided under the Milk-in-Schools Scheme for school children including those under the age of five. The change in regard to registered day nurseries was made through the Welfare Foods (Great Britain) Amendment Order, 1956 (S.I. 1956 No. 1130), which came into operation on 1st September, 1956.

Expenditure on Foods

As responsibility for the Welfare Foods Service in England and Wales was transferred from the Ministry of Agriculture, Fisheries and Food to the Ministry of Health on 1st October, 1955 the Ministry's expenditure for the year 1955/56 only covers the six months ended 31st March, 1956. The cost of providing liquid milk to beneficiaries at the Welfare price of 1½d. a pint for the period to 31st March amounted to £11,128,000.* In addition nearly £69,000† was reimbursed during this period in respect of liquid milk provided free at registered day nurseries run by local health authorities and private owners. The corresponding estimates for the full year ending 31st March, 1957, are £29,433,000 for liquid milk supplied at the Welfare price‡ and £92,000 for the liquid milk provided free at registered day nurseries.

The difference between receipts and expenditure in supplying national Dried Milk at the subsidized price of 10½d. a tin‡ (equivalent to about seven pints of liquid milk) amounted to £1,002,000 for the six months ended 31st March, 1956. The net expenditure on this provision for the year ending 31st March, 1957, is estimated at £2,485,000. The cost price of National Dried Milk is about 3s. 6d. a tin.

* This figure relates to less than six months because of the financial arrangements made with the Ministry of Agriculture, Fisheries and Food at the time of transfer.

† This figure covers rather more than six months because it includes some payments made in respect of the preceding period.

‡ On 13th March, 1957, the Welfare Foods (Great Britain) Amendment Order, 1957 (S.I. 1957 No. 411) was made, which increased the charge made for Welfare milk to 4d. a pint in respect of tokens dated 6th April, 1957, or later. The charge for National Dried Milk was increased correspondingly to 2s. 4d. a tin.

Two of the commercial television companies transmitted the one-minute trailer "Beware of Flies" on a number of occasions.

Several local exhibitions of photographs illustrating the techniques of clean food handling and the proper use of suitable equipment were organised in conjunction with the local authorities concerned. Assistance was also given on many occasions to national and local newspapers, trade journals and the B.B.C. and independent television companies in the preparation of features on the subject of clean food. Existing films in the Central Film Library also continued to be booked for showing to special audiences.

Food and Drugs Act Administration

One application under Section 83(3) of the *Food and Drugs Act, 1955*, was granted for a direction that the Rickmansworth Urban District Council should be the Food and Drugs Authority for the district in the place of the Hertfordshire County Council, with effect from 1st April, 1957.

Milk and Dairies Regulations, 1949

During the year, 131 notices were served by Medical Officers of Health under the provisions of Regulation 20 of the Milk and Dairies Regulations, 1949 (S.I. 1949 No. 1588) in respect of milk infected or suspected of being infected with disease communicable to man. Of these, 67 related to tubercle bacillus, 56 to *Brucella abortus* and eight to other infections. The Ministry received 23 applications from local authorities for the 75 per cent. grant in respect of compensation payable under the proviso to the Regulation and the total amount of grant paid was £770 18s. 11d.

Other Matters

The Ministry continued to be represented on the Food Standards Committee and its Sub-Committees and on the Inter-Departmental Advisory Committee on Poisonous Substances used in Agriculture and Food Storage. During the year, the Food Standards Committee presented a Revised Report* recommending limits for copper content of foods and a Report† on emulsifying and stabilising agents in food.

* Revised Recommendations for Limits for Copper Content of Foods. 1956. H.M.S.O., price 6d.

† Recommendations Relating to the Use of Emulsifying and Stabilising Agents in Foods. 1956. H.M.S.O., price 9d.

FOOD AND DRUGS

Food Hygiene Regulations

The Food Hygiene Regulations, 1955 (S.I. 1955 No. 1906) which were made jointly with the Minister of Agriculture, Fisheries and Food, came into operation in 1956. For most of the Regulations the operative date was 1st January, 1956, but the provisions which might involve alterations to premises or equipment or substantial changes in existing practice did not come into force until 1st July, 1956.

Regulation 7 (which prohibits the giving out of food for preparation or packing by outworkers) was postponed in relation to shrimps, prawns and onions until 1st January, 1957 (Food Hygiene (Amendment) (No. 1) Regulations, 1956 (S.I. 1956 No. 938)) and for a further period until 1st January, 1958 (Food Hygiene (Amendment) (No. 2) Regulations, 1956 (S.I. 1956 No. 1984)). These postponements were made in order that the possibilities of better methods of dealing with the preparation of these foods might be further explored.

The Regulations were, in general, well received by the local authorities and the trade and were supported in the Press. In many cases local authorities, though hampered by staff shortages, have surveyed the premises in their area and are in process of proposing improvements. Many authorities arranged for local meetings with the food traders and the application of the Regulations in the locality was explained and discussed. Food traders initiated improvements in their premises, equipment and food-handling practice. The improvements are not confined to shops and parts of food premises to which the public has access: many of their improvements may be in other parts of the premises which are out of sight of the public.

The general impression after a year's experience of the Regulations is that they are being found a useful instrument for securing reasonable and practical improvements.

Publicity

The steady demand from local authorities, catering organisations, trade associations and domestic science lecturers for publicity material on food hygiene continued, and to meet it a new poster-strip "Hands Spread Germs" was offered to local authorities in July, together with the picture set "Food Poisoning" and the set of four posters "Prevent Food Poisoning" previously available. The new poster-strip was also offered to hospitals. Designs for a fresh series of posters were put in hand.

Two duplicate self-contained food hygiene exhibits were produced. By arrangement with the Ministry of Agriculture, Fisheries and Food they were toured with that Department's Rodent and Insect Exhibits and were offered to the larger local authorities for use as part of Civic or Health Exhibitions. The clean food exhibit deals principally with the need for scrupulous hygiene in the handling of food and good washing-up techniques. A centre piece features a moving model emphasising the need to keep lids on dustbins and cover food from flies.

Six sets of gaily-coloured display cutouts featuring hygienic handling of food, flies as disease carriers, and washing-up techniques were completed in July for use by local authorities.

Two of the commercial television companies transmitted the one-minute trailer "Beware of Flies" on a number of occasions.

Several local exhibitions of photographs illustrating the techniques of clean food handling and the proper use of suitable equipment were organised in conjunction with the local authorities concerned. Assistance was also given on many occasions to national and local newspapers, trade journals and the B.B.C. and independent television companies in the preparation of features on the subject of clean food. Existing films in the Central Film Library also continued to be booked for showing to special audiences.

Food and Drugs Act Administration

One application under Section 83(3) of the *Food and Drugs Act, 1955*, was granted for a direction that the Rickmansworth Urban District Council should be the Food and Drugs Authority for the district in the place of the Hertfordshire County Council, with effect from 1st April, 1957.

Milk and Dairies Regulations, 1949

During the year, 131 notices were served by Medical Officers of Health under the provisions of Regulation 20 of the *Milk and Dairies Regulations, 1949* (S.L. 1949 No. 1588) in respect of milk infected or suspected of being infected with disease communicable to man. Of these, 67 related to tubercle bacillus, 56 to *Brucella abortus* and eight to other infections. The Ministry received 23 applications from local authorities for the 75 per cent. grant in respect of compensation payable under the proviso to the Regulation and the total amount of grant paid was £770 18s. 11d.

Other Matters

The Ministry continued to be represented on the Food Standards Committee and its Sub-Committees and on the Inter-Departmental Advisory Committee on Poisonous Substances used in Agriculture and Food Storage. During the year, the Food Standards Committee presented a Revised Report* recommending limits for copper content of foods and a Report† on emulsifying and stabilising agents in food.

* Revised Recommendations for Limits for Copper Content of Foods. 1956. H.M.S.O., price 6d.

† Recommendations Relating to the Use of Emulsifying and Stabilising Agents in Foods. 1956. H.M.S.O., price 9d.

XVIII

CIVIL DEFENCE

Transfer of Functions

The responsibilities of the Minister of Health relating to care of persons made homeless by hostile action or the threat of hostile action were transferred to the Minister of Housing and Local Government on 1st July, by the Transfer of Functions (Civil Defence) Order, 1956 (S.I. 1956 No. 825).

Organisation and Planning

The main preoccupation during the year was with the development of revised plans for the expansion and organisation of the hospital and casualty services in conditions of thermo-nuclear warfare. This necessitated a complete review of previous plans for the organisation and operational control of these services in war time. The revised plans for the hospital service were discussed with the other services and departments concerned.

In May a three day Joint Study with the Home Office on the operational control of the casualty services was held at the Civil Defence Staff College, Sunningdale. It was attended by about 90 senior officers, medical and lay, of the hospital and Civil Defence services. The problem of operational control of the casualty services was considered in relation to the revised proposals for the operational control of Civil Defence Forces.

Recruitment and Training

Civil Defence Ambulance and Casualty Collecting Service

Progress in the training and organisation of the ambulance and casualty collecting section of the Civil Defence Corps continued. Volunteers continued to join this section of the Corps which is operated by County and County Borough Councils. At the beginning of the year, however, steps were taken to make a check of members who were unable or unwilling to carry out the training and, where necessary, to remove their names from the strength. As a result the returns for the first half of the year showed a considerable reduction, but fresh volunteers came forward to fill the gaps and at the end of the year the active membership of the section was approximately 53,000—only a slight reduction on the nominal strength of a year earlier.

Equipment and Training

An issue of stretchers, blankets and stretcher slings was made to all Corps Authorities for casualty collecting training early in the year. A standard type of first aid haversack and content has been drawn up for the Rescue and Ambulance and Casualty Collecting Sections of the Civil Defence Corps and Mobile First-Aid Unit Nursing Auxiliaries. The design of a blanket man-pack for casualty collecting personnel was considered and experiments were carried out.

There was a shortage of volunteers who were able to drive. Suitable volunteers were given driving instruction but, whether this was given by members of the peace time ambulance service or under arrangements made with driving schools, it proved to be a lengthy and costly business. Petrol rationing and the cessation of driving tests resulted in a general slowing down of driving instruction.

Reports continued to be received about difficulties experienced by Corps Authorities in obtaining suitable training vehicles, particularly for the ambulance section of the service. Corps Authorities had to rely in the main on the transfer of ambulances surplus to the peace time service and the purchase of suitable

secondhand vans. Delay in the production of prototypes delayed the proposed issue of utility training ambulances to Corps Authorities. Two prototype utility ambulances were received towards the end of the year and were sent out for user trials. More of these utility ambulances for training purposes are expected to be available for issue in 1957.

National Hospital Service Reserve

The strength of the National Hospital Service Reserve at 31st December, 1956, was 43,444, of whom 3,437 were trained nurse members (that is, qualified members of the nursing profession no longer employed whole-time in nursing) and 40,007 were nursing auxiliary members. This compares with a total of 42,700 at 31st December, 1955, of whom 3,412 were trained nurse members and 39,288 were nursing auxiliary members, and thus represents a further increase in strength during the year. Nevertheless, numbers still fall very short of the target of 50,000.

By the end of the year, 14,596 auxiliary members (37 per cent. of the total) had completed their hospital training, as well as the initial first-aid and home nursing training, 10,404 (26 per cent.) had completed the initial first-aid and home nursing training, but had not yet gone on to take their hospital training, 8,343 (23 per cent.) were undergoing initial training and 5,664 (14 per cent.) were waiting to start initial training.

Reference was made in last year's Report* to an issue of personal uniforms to members of the National Hospital Service Reserve in which priority would be given to those who had completed a refresher course and the balance issued to those who had completed hospital training. Approximately 6,500 uniforms were issued during the year. The demand was less than had been expected and to some extent this is accounted for by the fact that many members of the Reserve who were entitled to an issue of personal uniform decided to forgo it because, as members of the St. John Ambulance Brigade or the British Red Cross Society, they were already in possession of a uniform. Steps were taken towards the end of the year to speed up the issue of personal uniforms.

Publicity.—National press advertising was again undertaken in support of recruitment to the National Hospital Service Reserve in the spring and autumn of 1956, but the coupon scheme which had served its original purpose was not continued in the autumn when the 1956/57 campaign opened.

In support of local campaigns a new small poster and a new leaflet, together with some light display exhibits, were produced and just after the end of the year a short coloured filmlet for cinema use became available.

Facilities were again offered for local press advertising and for hiring sites on the boardings for large posters. Publicity material also included small posters for display on free sites, booklets, leaflets, cinema slides and a campaign guide for local campaign organisers.

The slogan "Would you know what to do?" was continued in use and the main theme was the value of knowledge of first-aid and simple home nursing in meeting the emergencies of daily life, let alone the vital importance of such knowledge and training for survival in the event of war.

Local interest in the National Hospital Service Reserve continued to be encouraged in a variety of ways. Bulletins and news letters were published periodically by a number of regions for circulation among their members. The growth of National Hospital Service Reserve Associations continued. These play an important part in keeping members together by way of various forms of social activities to which members' friends are also invited, progressive nursing instruction, hospital visits, films and lectures.

* See page 148.

Mobile First-Aid Units

Two hundred and thirty-two units took part in the annual competition. On this occasion only the Final took place in London and, for the first time, was held indoors.

The competition took the form of a series of Regional contests with one unit from each region taking part in area semi-final rounds which were held in four provincial cities. The winning team in each area semi-final met on 14th July in the presence of the Minister at Friends House, Euston Road, London, N.W.1, to compete for the Minister's Challenge Cup, which was awarded to the team from St. Tydfil's Hospital, entered by the Merthyr and Aberdare Hospital Management Committee.

Arrangements were made for the supply of standard containers for mobile first-aid units consisting of two wicker panniers for miscellaneous medical equipment and a canvas carrying case for dressings and a few teams were equipped before the end of the year, but production difficulties delayed the main issue until early in 1957.

Civil Defence Arrangements in Hospital Premises

A civil defence organisation, with the object of safeguarding patients, staff and premises, has been established at more than 150 hospitals on lines broadly comparable with those adopted by industrial concerns in membership of the Industrial Civil Defence Service. Approximately 1,600 volunteers from among staffs of these hospitals have been enrolled for civil defence training.

Civil Defence Courses

During the year, courses on various aspects of Civil Defence were held at the National centres like the Civil Defence Staff College and the Civil Defence Training School and also by hospital authorities at various regional centres. The development of short regional courses to explain the details of the revised plans for the hospital and casualty services was an important feature of the year's training activities and it is hoped that this aspect of training can be developed in the future.

Civil Defence Staff College, Sunningdale

Courses for hospital matrons were again held at the Staff College in May and October. By the end of 1956 more than 350 matrons and senior nurses had attended these courses.

In December a course for hospital officers was held. The object was to give a general Civil Defence background to medical and lay officers of the hospital service who would be responsible for administration and operational control in war time, to explain to them in detail the new plans for the casualty services and to consider various administrative problems. The course was attended by 15 hospital officers and further courses are to be held in 1957.

Sixty-nine officers from the hospital service also attended the general Civil Defence courses for senior officers at the Staff College.

Civil Defence Training School, Falfeld

Six advanced courses for the central training of Ambulance and Casualty Collecting Section instructors, each course lasting 12 days, were held in 1956. One hundred and forty-five of the 164 candidates who took the course during the year qualified to train local instructors on returning to their parent authorities. Since the course was inaugurated in June, 1955, of the 345 candidates who have attended the courses, 298 have qualified as instructors.

Royal Naval Medical School, Alverstoke

Eight special courses for senior nurses on the medical aspects of atomic warfare were held in 1956, each course lasting 3½ days. Facilities for the attendance of civilian nurses at these courses continued to be afforded and a total of 179 places were taken up by nurses sponsored by the Ministry, most of them from the hospital service. By the end of the year, approximately 1,000 hospital nurses had attended this course. As the estimated requirements of regional hospital boards had by then been met, and in view of the proposal to organise regional civil defence courses for hospital nurses, it was decided to suspend the arrangements for the time being.

Similar courses were arranged for medical officers and 71 doctors nominated by the Ministry attended the five courses held in 1956.

Supplies of Equipment for the Civil Defence Services

Owing to the need for economies in Government spending, purchases during the year were restricted. The main additions made to the reserve stocks of equipment were a variety of surgical instruments and a further quantity of stretchers.

A small programme of research and development continued and among the items considered was a light-weight stretcher with fibre-glass poles. Progress was made with the examination of stocks of medical equipment and stores purchased after the last war and held as part of the Civil Defence Reserve. Certain repairs were undertaken and further precautions also taken for the preservation of the stocks.

APPENDIX I

Definitions of Figures given in Appendix II

Part I—Summary of Main Figures

1. "Bed complement"—number of beds permanently retained at hospitals for treatment of in-patients. The following are excluded :—

- (i) labour as distinct from maternity beds ;
- (ii) beds in reception wards (except in mental and mental deficiency hospitals when permanently used) ;
- (iii) temporary beds (except in mental and mental deficiency hospitals when occupied or available) ;
- (iv) observation or recovery beds used for only a few hours in out-patient departments ;
- (v) cots for newly born infants ;
- (vi) non-sick beds in joint-user hospitals.

Mental and mental deficiency hospitals give their bed complement as defined above, not "recognised accommodation" unless it happens to coincide.

2. "Beds temporarily unavailable" form part of bed complement and include beds closed owing to lack of staff and beds closed for any other reasons.

3. "General Practitioner Hospital Beds" are those beds in hospitals where general practitioners, not acting as specialists or clinical assistants, have charge of their own patients.

4. "Private Pay Beds" are those beds designated under Section 5 of the *National Health Service Act, 1946*.

5. "Average daily occupation during the year" is obtained by taking the total of the daily numbers of in-patients for the year (at the night count) and dividing by the number of days during the year.

6. "In-patients discharged or died" includes men, women and children. It does not include "day-patients" i.e. patients who, although having gone through the full admission procedure, were (a) not accommodated overnight or (b) not included in the bed count.

An "in-patient" is a person who has gone through the full admission procedure and who is occupying a bed (including temporary beds) in the in-patient department at the hour of the fixed count. Infants born in a maternity department and sick staff treated in their own quarters are not included in the count, nor are beds of mentally defective patients on short leave.

7. "New out-patients" are those whose first attendance falls within the year of review. Persons attending different departments are counted as new patients in each department.

8. "Out-patient attendances" are counted for each one of a course or series of attendances. Persons attending different departments are counted in each department.

9. "Casualty department attendances" are attendances of patients who come to a hospital unannounced and who are seen and treated otherwise than at a consultative session. Subsequent attendances are included in the appropriate consultative department.

10. Patients visited under the "Domiciliary Specialist Service" include those visited by both consultants and senior hospital medical and dental officers.

11. Medical, dental, professional and technical staff. For whole-time equivalents the total number of weekly hours has been divided by 38½ (honorary appointments not included).

12. Students (professional and technical staff) not participating in the work of the hospital are not included.

13. Administrative and clerical staff at hospitals are whole-time equivalents.

14. All staffing figures are repeated in greater detail in later Appendices.

15. Items 1-9 above apply equally to the corresponding items in the following tables.

Part II—Grand Summary of all Teaching and Non-Teaching Hospitals

16. "Section 4 beds," although separately shown are also included against the appropriate specialist departments.

17. Pathological, radiological and physiotherapy units are primarily, but not wholly, based on time spent on treatment.

18. Occupational therapy figures exclude mental and mental deficiency units.

Part III—In-Patients

19. "Staffed beds allocated" include both available and temporarily unavailable staffed beds and Section 4 and 5 beds.

20. "Average daily number of available beds" is the average daily number of staffed beds for each department which were available irrespective of use.

21. "Average duration of stay" is calculated by dividing the total occupation of beds over a period by the number of discharges and deaths.

22. "Waiting-lists" show number of patients awaiting admission to the specialist department concerned.

23. Figures are shown against a specialist department or out-patient clinic only when the department or clinic is under the supervision of a specialist who holds his appointment at the hospital expressly in that capacity. The exceptions to this are chronic sick and infectious diseases departments.

24. No attempt is made to classify patients according to diagnosis.

25. Patients are shown against the department under whose care they were immediately before discharge, even if the bed occupied by a patient is one allocated to a different department.

26. Except in the case of pre-convalescent, convalescent, general practice, staff wards and private pay beds, beds not allocated to a particular specialist department are shown against "unclassified". Patients occupying unclassified beds are shown against the department under whose care they were before discharge.

27. Private pay beds (Section 5) and patients in them are not classified against specialist departments but are shown against the entry "private pay beds": non-paying patients in these beds, however, are shown against the appropriate specialist department.

28. Against sick staff are shown only those beds set aside for sick staff in the hospital and not in staff living quarters.

29. Against "paediatrics" is shown the work done by the paediatric department of any hospital other than a children's hospital; where such hospitals have no paediatric department the work is included with the various specialties concerned, and similarly in children's hospitals.

30. "Chronic sick" includes cases of senile dementia, if uncertified, and patients in long stay annexes for mentally enfeebled old people.

31. Figures for non-respiratory tuberculosis are included with the figures for the department which are responsible for the patients; those for bone and joint tuberculosis are normally included against traumatic and orthopaedic surgery unless some other department is responsible.

Part IV—Out-Patients

32. An out-patient is a person attending the out-patient department for advice or treatment.
33. Sick staff receiving consultant out-patient treatment are included as out-patients whether they are treated in their own quarters or in the out-patient department ; they are not included if seen by a general practitioner.
34. The counting of new patients and out-patient attendances are explained in items 7 and 8.
35. No figures are included in any tables in this section for mass miniature radiography.

General

36. The provisional figures shown for 1955 in the report for that year have now been revised. Some of the figures for 1956 are provisional and may be revised as later information becomes available.
37. In tables where figures have been rounded to the nearest final digit, there may be a slight discrepancy in the sum of the constituent items.
38. The symbol .. means not available. The symbol — means nil.

APPENDIX II

PART I

Hospital Service : Summary of Main Figures

	1949	1950	1951	1952	1953	1954	1955†	1956
Bed complement*	501,078	504,321	507,005	507,368	509,028	509,828	509,446	508,270
Beds temporarily unavailable†	53,021	50,855	45,113	39,113	35,469	32,941	33,013	31,400
G.P. hospital beds††	7,864	6,499	6,941	6,735	6,525	6,667	6,750	6,866
Private pay beds†	6,647	6,402	5,960	5,726	5,863	5,893	5,763	5,723
Average daily occupation during the year	397,570	402,601	406,844	416,123	424,126	427,628	426,048	423,823
In-patients discharged or died during the year	2,936,980	3,085,491	3,259,214	3,414,373	3,543,544	3,630,269	3,651,978	3,739,248
Number of new out-patients during the year§	6,147,825	6,193,156	6,298,746	6,605,765	6,730,791	6,766,530	6,787,409	6,887,241
Out-patient attendances during the year||	26,001,184	25,248,867	25,863,084	27,010,417	27,151,597	27,547,895	27,644,576	27,896,874
Casualty department attendances during the year||	10,108,024	10,644,134	10,869,499	11,512,537	11,789,941	11,566,969	11,939,665	11,936,348
Patients visited under domiciliary specialist service	129,538	165,230	171,193	184,060	205,120	224,276	236,635	265,121
Medical and dental staff** :—								
Whole-time—weekly hours	343,304	371,525	394,125	407,369	413,574	429,366	440,160	452,613
Part-time—weekly hours	116,386	121,547	131,024	136,904	132,395	134,443	138,437	142,719
Whole-time equivalents	11,940	12,807	13,640	14,137	14,181	14,644	15,028	15,463
Honoraries—weekly hours	..	..	..	..	8,774	12,199	11,529	13,062
Professional and technical staff :—								
Whole-time—weekly hours	451,721	495,726	547,162	573,342	579,541	597,212	630,429	647,546
Part-time—weekly hours	29,007	30,384	33,782	35,427	36,548	38,193	40,190	45,681
Whole-time equivalents	12,486	13,665	15,089	15,812	16,002	16,504	17,419	18,006
Number of students	4,151	4,080	4,510	4,617	4,614	4,580	4,420	4,551
Nursing and midwifery staff :—								
Whole-time	125,752	132,408	136,210	140,964	144,558	144,680	143,339	145,802
Part-time	23,060	24,977	25,756	26,642	28,804	30,542	32,881	35,568
Administrative and clerical staff, Boards of Governors and H.M.C.s. :—								
Total	23,797	27,368	27,285	27,273	26,664	26,963	27,506	28,455
At hospitals (included in above)	..	..	..	..	16,462	16,355	16,731	17,416

Regional Hospital Boards H.Q. staff	1,320	1,573	1,736	1,828	1,907	1,830	1,448	1,970
Whole-time	143	142	158
Part-time
Blood transfusion staff
Whole-time	1,433	1,455
Part-time	211	221
Mass radiography staff
Whole-time
Part-time
Works, maintenance and domestic staff
Whole-time	652	668
Part-time	48	51
	156,586	159,126	163,666	171,077	133,175	133,271	135,694	138,072
					39,921	41,730	44,692	47,031

Notes

* Bed complement is at 31st December : from 1952 onwards cots specifically set aside for premature or sick babies are included : from 1953 onwards beds diverted to other uses are excluded.

† Included in bed complement.

‡ From 1951 onwards general practitioner dental beds included : figures for 1952 exclude maternity beds in general practitioner hospitals : from 1953 onwards all general practitioner maternity beds are excluded.

§ From 1953 onwards in-patients attending out-patient departments are included.

|| From 1953 onwards attendances at consultative departments include treatment or surgical dressings by nurses.

¶ From 1952 onwards figures include work done in general practitioner clinics when not acting in a specialist capacity nor as clinical assistants : from 1953 onwards ante-natal cases seen by midwives are included.

** Excludes general practitioners.

†† Provisional figures for 1955 shown in the Report for that year are now revised. Some of the figures for 1956 are provisional and may be revised as later information becomes available.

PART II

Grand Summary : All Teaching and Non-Teaching Hospitals

Accommodation

	1955	1956
Available staffed beds	476,433	476,870
Temporarily unavailable staffed beds	5,277	5,683
Beds unused for lack of staff	16,901	15,337
Unstaffed beds out of use for other reasons :—		
(a) emergency fever reserve	1,922	1,914
(b) major structural alterations in progress	2,985	3,251
(c) others	5,928	5,015
Bed complement	509,446	508,270
Number of cots in maternity hospitals and departments ..	18,409	18,471
Number of non-sick beds in transferred joint-user hospitals	12,987	12,199
Section 4 beds : number designated	5,997	5,928
Section 4 beds : average daily occupation—		
(a) paying patients	2,701	2,596
(b) non-paying patients	1,962	2,042
Section 5 beds : number designated	5,763	5,723
Section 5 beds : average daily occupation—		
(a) paying patients	2,690	2,863
(b) non-paying patients	1,062	1,153

Pathological and Radiological Departments

Units

Pathology :—		
Total	46,879,597	52,127,723
In- and out-patient departments	43,284,258	48,211,410
Patients referred by general practitioners	1,958,479	2,345,007
Investigations made for P.H.L.S.	544,612	460,302
Investigations from other sources	1,092,248	1,110,804
Radiology :—		
Total	21,263,672	21,575,111
In- and out-patient departments	16,765,064	16,912,451
Casualty department patients	2,254,372	2,353,983
Patients referred by general practitioners	1,864,941	1,920,434
Investigations from other sources	379,295	388,263

Grand Summary : All Teaching and Non-Teaching Hospitals

Physiotherapy : Radiotherapy : Occupational Therapy

	1955		1956	
	In-patients	Out-patients	In-patients	Out-patients
Physiotherapy : individual treatments :—				
New patients	586,632	749,508	620,521	770,421
Total attendances	7,896,038	11,138,718	8,268,350	11,116,305
Units of treatment	9,674,008	15,342,467	10,214,354	15,398,249
Group exercises :—				
New patients	295,766	197,381	303,465	211,196
Total attendances	2,951,986	2,586,543	2,910,146	2,626,411
Units of treatment	3,945,650	3,658,549	4,042,256	3,620,628
Radiotherapy :—				
New patients	24,292	83,964	25,347	80,367
Total attendances	318,487	691,887	321,932	693,885
Occupational therapy :—				
New patients	138,978	19,420	140,647	19,173
Total attendances	3,573,560	480,493	3,817,620	523,820

Miscellaneous

	1955	1956
Births in hospital during the year :—		
(i) live	401,891	422,626
(ii) still	12,000	12,535
Deaths within 28 days of birth and before discharge of infants born in hospital	9,372	8,133
Infants wholly breast-fed on discharge	310,118	297,480
Beds specifically set aside for ante-natal care	1,780	1,909
Healthy persons lodged in hospitals with in-patients	3,210	3,787
Day patients	53,612	57,770

PART III

In-Patients : Analysis by Department

Department	1955					
	Staffed beds allocated (irrespective of actual use) at 31st December	Average daily number of available beds (irrespective of actual use)	Average daily bed occupation during the year	Discharges and deaths	Average duration of stay†	Waiting-list at 31st December
Total : all departments	481,710	476,912	426,048	3,651,978	42.6	454,864
General medicine	33,204	32,312	29,257	481,058	22.2	8,303
Paediatrics	7,161	7,026	4,875	100,298	17.7	1,088
Infectious diseases	9,067	8,924	4,688	82,771	20.7	—
Diseases of chest	29,598	29,567	26,086	68,106	139.8	1,630
Dermatology	2,146	2,099	1,839	21,277	31.6	882
Neurology	916	886	790	12,977	22.2	1,147
Cardiology	413	472	426	5,604	27.7	355
Physical medicine	217	193	177	2,431	26.6	318
V.D.	389	377	143	2,160	24.1	4
Chronic sick	54,478	53,527	50,814	107,536	172.5	9,444
General surgery	34,227	33,587	30,358	811,324	13.7	121,954
E.N.T. (tonsil and adenoid)	6,998	6,676	2,219	187,599	4.3	102,435
E.N.T. (other)	16,835	16,613	2,582	112,567	8.4	31,498
Traumatic and orthopaedic surgery	4,095	4,024	15,532	217,869	26.0	35,257
Ophthalmology	1,730	1,707	3,163	88,569	13.0	26,298
Radiotherapy	—	—	1,443	25,449	20.7	897

Gastro-urinary	1,180	1,124	1,146	24,208	17-0	4,232
Proctology	1,492	1,417	1,161	24,016	17-6	14,319
Thoracic surgery	2,300	2,194	1,868	21,627	31-5	3,377
Dentistry	2,669	261	209	20,291	3-8	3,854
Neurosurgery	709	693	663	15,004	18-6	3,011
Gynaecology	9,140	9,017	7,995	261,098	11-2	57,045
Obstetrics	16,913	16,791	13,619	411,557	12-1	—
Special-care babies	1,458	1,478	1,250	26,358	17-3	—
Child guidance	10	10	8	26	108-0	—
Mental deficiency	55,040	54,827	52,923	4,685	4,123-2	9,038
Mental illness—L.M.T.A.*	154,327	154,367	147,867	97,763	552-1	986
Mental illness—others	3,543	3,290	3,867	13,586	103-9	880
Other specialist units	4,823	4,821	4,134	31,337	48-2	2,886
Pre-convalescent	4,060	3,910	3,031	69,761	15-9	47
Convalescent	3,056	3,082	2,233	43,745	18-6	43
General practitioner units :—						
Maternity	2,670	2,664	1,893	61,987	11-1	—
Other medical	6,714	6,648	4,664	112,212	15-2	12,450
Dental	36	36	21	1,936	4-0	63
Unclassified	5,654	5,540				
Staff wards	1,185	1,162	304	13,847	8-0	—
Section 5 beds	5,656	5,577	2,801	70,962	14-4	923

* L.M.T.A. signifies treated under the Lunacy and Mental Treatment Acts.

† The figures given for average duration of stay are obtained by dividing the number of discharges into the average daily bed occupation multiplied by the number of days in the year.

In-Patients : Analysis by Department

1956						
Department	Staffed beds allocated (irrespective of actual use) at 31st December	Average daily number of available beds (irrespective of actual use)	Average daily bed occupation during the year	Discharges and deaths	Average duration of stay†	Waiting-list at 31st December
Total : all departments	482,553	476,945	423,823	3,739,248	41.5	430,665
General medicine	33,671	32,898	29,980	499,145	22.0	8,160
Pædiatrics	6,647	6,493	4,383	96,297	16.7	933
Infectious diseases	8,778	8,526	4,098	71,572	21.0	—
Diseases of chest	27,859	28,245	23,409	69,540	123.2	764
Dermatology	2,144	2,132	1,786	21,378	30.6	842
Neurology	1,080	1,042	981	14,474	24.8	1,539
Cardiology	450	433	401	5,541	26.5	478
Physical medicine	232	237	211	2,735	28.2	299
V.D.	303	302	113	1,975	20.9	6
Chronic sick	55,625	54,365	51,456	110,289	170.8	9,584
General surgery	34,313	33,463	29,793	807,731	13.5	121,124
E.N.T. (tonsil and adenoid)	7,129	6,838	2,492	202,462	4.5	82,778
E.N.T. (other)	17,156	16,817	2,518	111,057	8.3	28,888
Traumatic and orthopaedic surgery	4,184	4,103	15,964	226,328	25.8	36,142
Ophthalmology	1,350	1,306	3,242	89,553	13.3	24,671
Radiology	—	1,706	1,447	26,042	20.3	863

Genito-urinary	1,228	1,212	1,213	25,765	17.3	2,160
Plastic surgery	1,546	1,496	1,220	25,156	17.7	14,978
Thoracic surgery	2,338	2,287	1,888	22,962	30.1	2,995
Dentistry	312	291	234	23,124	3.7	4,291
Neurosurgery	779	770	722	14,403	18.4	2,606
Gynaecology	9,249	9,062	8,087	272,991	10.8	59,019
Obstetrics	16,723	16,493	13,717	429,043	11.7	18
Special-care babies	1,540	1,569	1,383	30,542	16.6	—
Child guidance	10	10	16	125	45.8	18
Mental deficiency	56,066	55,672	53,519	6,088	3,217.5	8,594
Mental illness—L.M.T.A.*	153,783	153,864	146,668	104,052	515.9	594
Mental illness—others	3,749	3,594	4,316	15,110	104.5	646
Other specialist units	4,500	4,312	3,586	30,649	42.8	2,575
Pre-convalescent	4,059	3,979	3,031	71,548	15.5	35
Convalescent	2,961	2,894	2,048	40,096	18.7	50
General practitioner units :—						
Maternity	2,911	2,909	2,089	70,363	10.9	—
Other medical	6,857	6,738	4,614	111,822	15.1	10,923
Dental	9	9	28	2,102	4.9	130
Unclassified	5,820	5,525	309	13,566	8.3	—
Staff wards	1,158	1,138	2,861	73,622	14.2	962
Section 5 beds	5,634	5,521				

* L.M.T.A. signifies treated under the Lunacy and Mental Treatment Acts.
† The figures given for average duration of stay are obtained by dividing the number of discharges into the average daily bed occupation multiplied by the number of days in the year.

Out-Patients : Analysis by Department

Department	1955			1956		
	Annual number of clinic sessions	New out-patients	Total attendances	Annual number of clinic sessions	New out-patients	Total attendances
Total : all departments	1,160,676	11,635,886	39,584,241	1,181,147	11,826,866	39,833,222
General medicine	124,998	644,615	2,614,884	127,821	648,715	2,678,222
Pædiatrics	28,810	126,275	484,288	29,174	125,405	498,447
Infectious diseases	371	979	2,060	546	1,513	4,279
Diseases of chest	135,505	507,436	2,856,621	136,349	547,472	2,755,596
Dermatology	37,043	365,617	1,503,041	37,593	359,532	1,499,207
Neurology	12,484	44,866	175,690	12,267	47,059	182,634
Cardiology	4,461	20,221	58,552	4,367	20,144	60,768
Physical medicine	30,151	161,184	553,907	32,005	165,001	582,441
V.D.	52,517	98,993	906,498	52,050	101,298	862,253
Chronic sick	2,056	3,109	18,952	2,580	3,789	23,511
General surgery	116,062	902,230	2,919,692	116,757	893,756	2,914,831
E.N.T.	62,459	665,085	2,085,215	62,816	656,394	2,065,788
Traumatic and orthopaedic surgery	96,023	941,805	3,754,231	99,953	972,453	3,836,434
Ophthalmology	80,952	670,681	2,670,201	83,047	658,379	2,623,896
Radiotherapy	31,012	85,713	714,867	32,198	82,450	697,859
Genito-urinary	7,522	30,119	147,034	7,871	32,035	153,853
Plastic surgery	5,598	22,169	82,634	5,525	23,357	95,408
Thoracic surgery	5,477	14,515	69,429	6,062	15,210	75,847
Dentistry	52,436	340,013	1,274,000	52,821	348,563	1,326,725
Neurosurgery	2,692	10,269	30,795	2,974	11,462	34,291
Gynaecology	47,304	349,279	921,441	47,946	362,244	960,627
Obstetrics : ante-natal	69,836*	371,245	2,282,886	69,450†	389,838	2,392,419
Obstetrics : post-natal	14,907	176,046	219,681	14,809	184,846	222,119
Special-care babies	1,710	6,389	18,144	2,077	6,687	18,939
Child guidance	31,145	14,198	117,816	32,163	14,852	119,587
Mental deficiency and mental illness	92,268	127,145	714,014	96,572	127,796	772,946
Other specialities	14,877	87,213	448,003	13,354	86,991	437,947
Casualty	—	4,728,181	11,460,966	—	4,821,448	11,559,219
G.P. maternity	—	18,812	151,858	—	39,935	167,583
G.P. mothers' pension	—	1,112	1,112	—	1,112	1,112
Other	—	—	—	—	—	—

Medical and Dental Staff of Hospitals

	1955			1956		
	Hours worked		Whole-time equivalent	Hours worked		Whole-time equivalent
	W.T.	P.T.		W.T.	P.T.	
Total : all grades..	440,160	158,679	15,554*	452,613	163,764	16,010
Consultants	68,915	117,672	4,846	68,964	122,033	4,961
S.H.M.Os. and S.H.D.Os.	47,747	15,284	1,637	48,640	15,052	1,654
Senior casualty officers	1,460	—	38	1,711	—	44
Senior registrars	34,573	1,654	941	35,336	1,790	964
Registrars	92,277	2,049	2,450	95,708	2,020	2,538
Senior house officers	71,873	807	1,888	75,100	832	1,972
J.H.M.Os. and J.H.D.Os.	21,539	284	567	22,806	445	604
Medical superintendent†	325	74	10	441	75	13
Deputy medical superintendent†	217	9	6	179	8	5
House officers	100,730	120	2,620	103,226	116	2,684
General practitioners‡ :-						
(a) clinical assistants	—	8,510	221	—	9,432	245
(b) others	—	9,282	241	—	9,078	236
Dental	—	2,453	64	—	2,535	66
Paid from staff funds§	—	—	—	—	—	—
Other medical and dental	504	484	26	504	348	22
Honoraries hours worked						
Total : all grades..						
Consultants						
S.H.M.Os. and S.H.D.Os.						
Senior casualty officers						
Senior registrars						
Registrars						
Senior house officers						
J.H.M.Os. and J.H.D.Os.						
Medical superintendent†						
Deputy medical superintendent†						
House officers						
General practitioners‡ :-						
(a) clinical assistants						
(b) others						
Dental						
Paid from staff funds§						
Other medical and dental						

* Whole-time equivalents equals total hours worked divided by 38½.

† Excluding clinical element.

‡ Part-time medical and dental officers under paragraph 10 (b) of Terms and Conditions of Service.

§ 2,968 part-time appointments in 1955 : 3,039 part-time appointments in 1956. One individual may hold several such appointments.

APPENDIX IV

Number of Consultants in Each Specialty in England and Wales 1950-56

(at 31st December)

Year	General Medicine	Diseases of the Chest	Mental Health	Neurology	Pædiatrics	Radiology	Radiotherapy	Physical Medicine	Pathology	Infectious Diseases	Dermatology	Venerology	Ophthalmology	General Surgery	Anæsthetics	Neuro Surgery	Plastic Surgery	Thoracic Surgery	Orthopaedic Surgery	Ear, Nose and Throat Surgery	Obstetrics and Gynaecology	Dentistry	Total
1950 ..	716	229	454	49	175	340	84	57	487	45	122	94	304	811	554	33	29	51	242	288	381	236	5,781
1951 ..	735	245	481	55	182	358	92	61	498	41	122	92	304	819	606	36	30	60	262	300	389	237	6,005
1952 ..	778	288	515	56	187	373	98	69	534	44	129	90	313	858	663	38	33	74	287	300	411	246	6,384
1953 ..	773	305	535	60	195	389	102	73	575	51	132	87	306	851	695	40	39	81	294	305	411	252	6,551
1954 ..	786	303	550	63	196	400	105	73	586	49	134	86	302	848	727	41	41	82	298	312	414	248	6,644
1955 ..	801	310	568	63	196	414	109	75	610	46	134	88	301	859	742	44	46	85	307	310	426	250	6,784
1956 ..	813	309	592	66	200	431	115	81	618	46	138	85	301	853	751	45	46	85	316	304	426	249	6,870

These figures are based on the returns received from the consultants in the various specialties in England and Wales for the year ending 31st December 1956. The figures for 1950-55 are based on the returns received from the consultants in the various specialties in England and Wales for the year ending 31st December 1955. The figures for 1956 are based on the returns received from the consultants in the various specialties in England and Wales for the year ending 31st December 1956.

APPENDIX V

Numbers of Senior Registrars in each Speciality (at 30th June, 1956)

Specialties	Training Plan					Others*	Grand total
	1st year	2nd year	3rd year	4th year	Total		
General Medicine ..	32	34	21	25	112	51	163
Diseases of the Chest ..	11	14	10	6	41	3	44
Mental Health ..	43	26	18	8	95	12	107
Neurology ..	2	3	2	5	12	2	14
Pediatrics ..	3	6	4	5	18	9	27
Pathology ..	22	12	12	7	53	3	56
Radiotherapy ..	3	3	2	3	11	—	11
Physical Medicine ..	3	4	2	1	10	—	10
Physiology ..	14	11	12	13	50	26	76
Public Health ..	1	1	—	1	3	1	4
Sexually Transmitted Diseases ..	2	3	4	5	14	9	23
Dermatology ..	1	1	1	1	4	2	6
Neurology ..	13	15	9	5	42	11	53
Ophthalmology ..	38	34	24	21	117	56	173
General Surgery ..	33	15	11	3	62	5	67
Anaesthetics ..	2	5	1	2	10	3	13
Neuro Surgery ..	1	4	2	1	8	7	15
Plastic Surgery ..	5	3	5	2	15	10	25
Thoracic Surgery ..	19	15	6	4	44	9	53
Orthopaedic Surgery ..	6	8	5	6	25	21	46
Dentistry ..	14	5	9	4	32	7	39
Ear, Nose and Throat Surgery ..	13	21	15	8	57	25	82
Gynaecology ..	13	21	15	8	57	25	82
Total ..	281	243	175	136	835	272	1,107

Note.—In the above table, unlike those in earlier Reports, Senior Registrars who hold posts in more than one category have been counted once only. The number of such officers at 30th June, 1956, was 14.

* Included in this category are Senior Registrars in transitional posts (posts for Senior Registrars who have completed training and are awaiting higher appointments) and in certain specialties for which training extends into the 5th and 6th year, together with 111 Senior Registrars holding part-time or honorary appointments in hospitals.

Professional and Technical Staff : other than Medical, Dental and Nursing

	1955				1956			
	Hours worked		Whole-time equivalent	No. of students	Hours worked		Whole-time equivalent	No. of students
	W.T.	P.T.			W.T.	P.T.		
Total : all grades	630,429	40,190	17,419	4,420	647,546	45,681	18,006	4,551
Almoners	36,138	1,088	967	6	35,980	1,386	971	11
Assistants in dispensing	30,621	2,405	858	10	31,920	2,627	897	7
Biochemists	7,123	70	187	—	7,238	99	190	—
Cardiologists	6,485	828	190	22	7,231	905	211	19
Chiropodists	1,740	2,752	117	47	1,771	2,983	123	45
Darkroom technicians	23,509	530	624	1	25,967	828	696	2
Dental technicians	7,200	87	189	26	7,431	49	194	17
Electroencephalography recordists	2,975	23	78	1	3,112	3	81	2
Hearing-aid technicians and audiometricians	7,077	323	192	5	6,828	375	187	5
Medical laboratory technicians	80,510	712	2,110	2,029	87,332	860	2,291	2,068
Medical photographers	4,253	85	113	18	3,955	111	106	23
Occupational therapists	51,317	2,947	1,409	70	52,763	3,170	1,453	80
Opticians—Senior ophthalmic	654	25	18	1	612	18	16	—
Ophthalmic	693	261	25	—	696	256	25	7
Dispensing	1,645	367	52	—	1,474	449	50	1
Orthoptists	5,887	1,449	191	67	5,527	1,798	190	64
Pharmacists	46,169	2,625	1,267	133	47,492	2,734	1,305	137
Physicists	3,734	13	97	2	4,119	70	109	2
Physics laboratory technicians	2,888	15	75	11	3,696	17	96	20
Physiotherapists	134,523	14,877	3,880	1,197	134,337	16,524	3,918	1,197
Psychiatric social workers	12,051	683	331	40	12,548	713	344	38
Psychologists	3,542	860	114	11	4,042	949	130	12
Radiographers—Diagnostic	104,422	2,862	2,787	589	103,145	4,003	2,783	659
Therapeutic	14,683	268	388	98	14,742	295	390	98
Remedial gymnasts	7,497	160	199	—	7,756	138	205	—
Speech therapists	1,253	1,062	60	10	1,151	1,175	60	8
Therapeutic dieticians	6,451	311	176	7	5,961	1,330	162	7
Chaplains	21,074	2,403	416	—	24,449	2,410	414	—

APPENDIX VII Nursing and Midwifery Staff

1949 (at 31st December)

Classification	Totals		Trained nurses		Student nurses	Enrolled assistant nurses		Pupil assistant nurses	Other nursing staff		State certified midwives		Pupil midwives
	Whole-time	Part-time	Whole-time	Part-time		Whole-time	Part-time		Whole-time	Part-time	Whole-time	Part-time	
Totals	125,752	23,060	41,318	6,283	46,182	12,177	4,383	1,658	16,060	11,465	4,755	929	3,602
General	70,350	9,092	19,616	3,437	34,204	5,944	2,566	922	5,064	2,540	2,586	549	2,014
Chronic sick	8,703	3,146	1,509	462	57	3,030	840	593	3,261	1,784	187	60	66
Sick children	3,802	224	952	136	2,255	157	52	4	434	36	—	—	—
Tuberculosis and sanatoria	4,781	984	1,834	224	1,169	879	272	23	875	487	1	1	—
Infectious diseases	4,308	884	1,706	332	975	783	230	22	822	320	—	2	—
Maternity	4,011	700	88	63	—	265	144	—	329	199	1,864	294	1,465
Mental	19,159	5,570	11,056	1,147	5,201	292	25	—	2,610	4,398	—	—	—
Mental deficiency institutions	5,548	1,772	2,613	250	1,135	94	26	—	1,706	1,496	—	—	—
Miscellaneous	5,090	688	1,944	232	1,186	733	228	94	959	205	117	23	57

1955 (at 31st December)

Classification	Totals		Trained nurses		Student nurses	Enrolled assistant nurses		Pupil assistant nurses	Other nursing staff		State certified midwives		Pupil midwives
	Whole-time	Part-time	Whole-time	Part-time		Whole-time	Part-time		Whole-time	Part-time	Whole-time	Part-time	
Totals*	143,339	32,881	50,878	11,037	48,834	10,140	5,853	3,820	20,595	14,705†	5,362	1,286	3,710
Acute	55,342	7,732	18,084	3,863	28,572	2,384	1,679	763	2,767	1,795	1,764	395	1,008
Mainly acute	17,206	3,399	5,044	1,405	7,549	1,208	861	553	1,309	908	828	225	715
Partly acute	5,776	1,244	1,454	371	1,419	1,039	364	607	856	466	246	43	155
Mainly long-stay	3,713	1,029	949	266	459	708	272	411	920	438	159	53	107
Long-stay	2,870	1,004	686	170	57	625	242	451	1,004	565	45	27	2
Chronic	5,488	3,113	1,218	526	10	1,370	729	585	2,280	1,842	25	16	—
Pre-convalescent	650	220	254	82	86	120	77	8	177	60	5	—	—
Convalescent	418	87	186	30	4	64	26	24	138	31	—	—	—
Rehabilitation	17	17	24	7	—	12	4	—	2	4	—	—	—
Isolation	216	216	335	93	75	102	69	18	82	54	—	—	—
Miscellaneous	4,320	1,231	1,123	1,419	5,331	259	231	—	8,255	8,341	2,031	494	1,556

1956 (at 30th September)

	145,802	35,568	50,715	11,732	51,498	9,916	5,918	3,986	20,804	16,591†	5,324	1,327	3,559
Totals*	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute	56,590	8,543	18,029	4,181	29,992	2,289	1,675	793	2,876	2,274	1,667	413	944
Mainly acute	16,943	3,473	4,883	1,399	7,593	1,163	808	577	1,236	1,064	814	202	677
Partly acute	6,020	1,369	1,526	408	1,503	1,039	386	651	864	523	285	52	152
Mainly long-stay	3,705	1,168	940	286	513	679	310	423	903	525	156	47	91
Long-stay	2,894	1,038	710	186	67	636	240	449	976	590	53	22	3
Chronic	5,459	3,443	1,253	592	11	1,319	736	640	2,214	2,097	22	18	..
Preconvalescent	602	253	267	84	86	107	85	6	132	83	4	1	..
Convalescent	385	100	213	26	8	74	36	10	80	38	..	..	..
Rehabilitation	35	10	23	6	..	12	3	..	..	1	..	..	..
Isolation	532	224	244	95	62	106	64	23	97	65	..	..	..
Maternity	4,664	1,381	339	169	13	258	283	..	439	409	2,068	520	1,547
Mental illness	20,358	6,937	11,040	1,650	4,026	26	20	5	5,261	5,267	..	..	..
Mental deficiency	7,052	2,540	3,250	473	901	48	17	..	2,853	2,050	..	..	..
Orthopaedic	2,369	300	650	123	1,424	107	73	..	188	104	..	..	..
Tuberculosis and chest	4,535	1,240	2,180	445	768	618	325	85	880	469	4	1	..
Tuberculosis, chest and iso-	..	..	..	..	..	..	..	..	..	..	..	..	..
lation	2,103	680	868	285	400	303	153	25	507	242	..	..	..
Children (acute)	3,864	441	1,061	281	2,555	104	99	38	106	61	..	..	..
Eye	881	108	406	57	380	58	31	..	37	20	..	..	..
Others	6,584	2,207	2,653	906	1,196	939	563	261	1,140	689	250	49	145
Clinics	176	105	129	72	..	31	11	..	15	20	1	2	..
Other establishments	51	8	51	8	..	..	..	..	..	..	..	..	..

* None of the figures given for any of the various types of hospitals in 1955 and 1956 are strictly comparable with those given for 1949 : some figures for 1955 are revised.

† Includes eight part-time pupil assistant nurses.

‡ Includes three part-time student nurses and 13 part-time pupil assistant nurses.

APPENDIX VIII

Boards of Governors and Hospital Management Committees: analysis of staff by grades

PART I

	1955		1956	
	Total	At hospitals*	Total	At hospitals
Total all grades	27,506	..	28,455	..
Senior administrative staff :— ..				
Group secretaries	418	..	417	..
Deputy secretaries	271	..	278	..
Finance officers	293	..	296	..
Deputy finance officers	227	..	231	..
Supplies officers	185	..	179	..
Deputy supplies officers	101	..	104	..
Hospital secretaries	816	..	824	..
Other administrative staff :— ..				
Grade G	163	49	179	56
Grade F	329	92	365	105
Grade E	778	241	843	239
Grade D	1,517	634	1,566	660
Grade C	2,961	1,571	3,125	1,693
Grade B	5,574	3,380	5,976	3,705
Grade A.2	11,194	8,638	11,583	8,992
Grade A.1	2,622	2,088	2,425	1,912
Others	57	38	64	54

* Figures shown separately "At hospitals" are included in "Total".

Regional Hospital Boards : analysis of staff by grades

PART II

	1955		1956	
	Whole-time	Part-time	Whole-time	Part-time
Total all grades	1,848	142	1,970	158
Senior administrative staff :—				
Senior administrative medical officers	14	—	15	—
Secretaries	14	—	14	—
Regional psychiatrists	4	4	4	4
Deputy senior medical officers	14	—	13	1
Assistant senior medical officers	23	1	22	—
Medical officers	—	2	3	1
Architects	14	—	15	—
Treasurers	14	—	14	—
Legal advisers	6	1	8	1
Deputy secretaries	13	—	13	—
Deputy treasurers	14	—	14	—
Assistant secretaries	26	—	26	—
Area secretaries	3	—	4	—
Senior administrative officers	3	—	17	—
Nursing officers	14	—	14	—
Others	—	—	7	4
Other administrative staff :—				
Grade G	83	2	80	2
Grade F	82	—	82	—
Grade E	95	1	96	—
Grade D	132	—	129	—
Grade C	174	1	164	2
Grade B	152	2	166	5
Grade A.2	324	10	319	15
Grade A.1	114	4	153	6
Professional and technical	394	3	455	3
Ancillary	122	111	123	114

Mass Radiography Units : analysis of staff by grades

PART III

	1955		1956	
	Whole-time	Part-time	Whole-time	Part-time
Total all grades	652	48	668	51
Medical staff :—				
Medical directors	35	6	43	4
Radiologists	8	9	—	5
Administrative staff :—				
Grade G	2	1	3	1
Grade F	8	—	10	—
Grade E	32	—	29	—
Grade D	13	—	12	—
Grade C	34	—	37	—
Grade B	52	—	56	—
Grade A.2	156	2	165	4
Grade A.1	108	2	114	4
Professional and technical staff ..	184	3	177	6
Ancillary staff	20	25	22	27

Blood Transfusion Centres : analysis of staff by grades

PART IV

	1955		1956	
	Whole-time	Part-time	Whole-time	Part-time
Total all grades	1,433	211	1,455	220
Medical staff :—				
Regional blood transfusion officers	13	—	13	—
Deputy blood transfusion officers	9	—	9	—
Medical officers	6	8	6	17
Junior medical officers	35	32	30	22
Administrative staff :—				
Grade G	14	1	14	1
Grade F	5	—	6	—
Grade E	11	—	9	—
Grade D	14	—	17	—
Grade C	28	—	27	—
Grade B	54	1	54	1
Grade A.2	100	5	100	5
Grade A.1	97	15	103	18
Professional and technical staff ..	327	4	325	7
Ancillary staff	720	145	742	150

APPENDIX IX

Works, Maintenance and Domestic Staff

	1955			1956		
	Whole-time	Part-time	Whole-time equivalent	Whole-time	Part-time	Whole-time equivalent
Totals : all grades	135,694	44,692	163,283	138,072	47,031	166,871
Works and maintenance :—						
Engineers (P. and T. "B" grades)	1,296	23	1,308	1,398	21	1,409
Group clerk of works	158	2	159	166	1	167
Other engineers and fitters ..	1,943	1	1,943	1,909	3	1,910
Stokers, trimmers and stove attendants	5,189	97	5,228	5,283	97	5,325
Bricklayers, carpenters and other artisans	10,247	23	10,261	10,500	28	10,516
Ornamental gardening staff ..	2,089	110	2,143	2,360	149	2,440
Others	3,462	49	3,482	3,565	46	3,586
Laundry :—						
Managers	85	2	86	85	1	86
Superintendents and assistants	843	44	873	841	50	881
Other staff	9,048	2,610	10,896	9,123	2,783	11,099
Farm and garden :—						
Farm managers	123	2	124	111	4	113
Other farm staff	1,255	41	1,277	1,033	29	1,051
Other garden staff	2,825	173	2,903	2,625	192	2,710
Catering :—						
Catering officers	477	7	480	481	6	484
Assistant catering officers ..	123	1	124	132	—	132
Dietician/catering officers ..	25	1	25	24	2	25
Kitchen superintendents and assistants (Class I and Head Chefs Class I)	183	—	183	179	—	179
Kitchen superintendents (Class II and Head Chefs Class II) ..	200	—	200	221	—	221
Head cooks and assistants and sectional chefs	1,740	40	1,769	1,851	39	1,878
Cooks and assistant cooks ..	6,667	941	7,263	6,870	1,020	7,511
Butchers and bakers	394	8	398	405	16	413
Other kitchen staff	7,633	3,225	9,663	7,706	3,390	9,823
Ward orderlies	11,142	4,182	13,786	11,878	4,396	14,589
Domestic staff :—						
Superintendents	126	8	131	109	4	112
Assistant domestic superintendents	41	—	41	40	2	41
Supervisors	220	30	238	171	23	186
Ward and housemaids, etc. ..	29,226	26,218	45,308	29,496	27,531	46,211

Works, Maintenance and Domestic Staff—continued

	1955			1956		
	Whole-time	Part-time	Whole-time equivalent	Whole-time	Part-time	Whole-time equivalent
Other staff						
Home wardens	275	43	298	278	11	284
Assistant home wardens	86	2	87	87	4	89
Wardens of M.D. hostels .. .. .	..	..	..	21	1	22
Housekeeper caterers	88	—	88	112	—	112
Housekeepers	156	4	159	152	8	157
Dining room supervisors and canteen managers	552	68	593	563	110	683
Other dining room, cafeteria and canteen staff	5,593	1,931	6,740	5,731	2,203	7,053
Work and linen room mistresses and assistants	855	369	1,083	873	389	1,120
Other work and linen room staff	2,856	2,395	4,363	2,816	2,489	4,360
Tailors, shoemakers, hairdressers, etc.	839	209	916	840	232	944
Drivers	1,336	17	1,343	1,400	22	1,411
Porters (excluding kitchen, laundry and stores) and liftmen	13,910	298	14,058	14,179	323	14,331
Telephone operators	1,700	1,085	2,110	1,754	729	2,169
Storekeeper clerks	449	1	450	470	5	473
Storekeepers	700	18	713	730	17	740
Storesmen and store porters	1,432	24	1,478	1,514	29	1,533
Surgical technicians and instrument makers	75	1	75	72	1	73
Operating theatre attendants, etc.	1,210	17	1,219	1,301	23	1,314
Orthopaedic appliance staff	227	10	235	223	8	229
Others	6,565	753	6,983	6,394	594	6,732

APPENDIX X

Mental Disorder

Treatment of Patients under the Lunacy and
Mental Treatment ActsTABLE A—Patients under care at 31st December, 1956:
changes during 1956 and in the five years 1952–56

Part I. Analysis by type of care and class of patient

		31st December, 1956				31st Dec., 1955
		Private	Health Service	Broad- moor Patients	Total	Total
Total ..	Total*	4,086	144,288	1,106	149,480	150,856
	Males	1,341	61,476	887	63,704	64,339
	Females	2,745	82,812	219	85,776	86,517
In hospitals vested in the Minister of Health :—						
(i) Mental hospitals ..	Total†	1,694	143,710	189	145,593	146,867
	Males	551	61,244	161	61,956	62,531
	Females	1,143	82,466	28	83,637	84,336
(ii) Teaching hospitals ..	Total	—	392	—	392	382
	Males	—	171	—	171	168
	Females	—	221	—	221	214
(iii) Broadmoor Institution	Total	—	—	917	917	929
	Males	—	—	726	726	734
	Females	—	—	191	191	195
In premises not vested in the Minister of Health but deemed to be mental hospitals.						
	Total	—	36	—	36	40
	Males	—	16	—	16	17
	Females	—	20	—	20	23
In Registered hospitals ..	Total	1,164	122	—	1,286	1,306
	Males	411	45	—	456	467
	Females	753	77	—	830	839
In Licensed houses :—						
Metropolitan	Total	217	—	—	217	225
	Males	45	—	—	45	46
	Females	172	—	—	172	179
Provincial	Total	605	28	—	633	676
	Males	109	—	—	109	129
	Females	496	28	—	524	547
In nursing homes approved under the Mental Treatment Act.						
	Total	145	—	—	145	147
	Males	2	—	—	2	4
	Females	143	—	—	143	143
In Naval and Military Hospitals						
	Total	213	—	—	213	232
	Males	213	—	—	213	232
	Females	—	—	—	—	—
In private single-care						
	Total	48	—	—	48	52
	Males	10	—	—	10	11
	Females	38	—	—	38	41

* The daily average numbers resident during the calendar year 1956 were 63,749 males and 85,322 females.

† The numbers in former Public Assistance Institutions included in the totals were 7,378 at 31st December, 1956, and 7,459 at 31st December, 1955.

Mental Disorder

TABLE A—(continued)

Part II. Analysis by type of care and status of patient

			31st December, 1956				31st Dec., 1955
			Voluntary	Temporary	Certified	Total	Total
Total ..	Total		45,069	397	104,014	149,480	150,836
	Males		19,142	130	44,432	63,704	64,339
	Females		25,927	267	59,582	85,776	86,517
In hospitals vested in the Minister of Health :—							
(i) Mental hospitals ..	Total		43,485	384	101,724	145,593	146,867
	Males		18,670	126	43,160	61,956	62,531
	Females		24,815	258	58,564	83,637	84,336
(ii) Teaching hospitals ..	Total		392	—	—	392	382
	Males		171	—	—	171	168
	Females		221	—	—	221	214
(iii) Broadmoor Institution	Total		—	—	917	917	929
	Males		—	—	726	726	734
	Females		—	—	191	191	195
In premises not vested in the Minister of Health but deemed to be mental hospitals ..							
	Total		—	—	36	36	40
	Males		—	—	16	16	17
	Females		—	—	20	20	23
In Registered hospitals ..							
	Total		649	9	628	1,286	1,306
	Males		218	3	235	456	467
	Females		431	6	393	830	839
In Licensed houses :—							
Metropolitan	Total		130	—	87	217	221
	Males		25	—	20	45	46
	Females		105	—	67	172	175
Provincial	Total		261	3	369	633	678
	Males		50	1	58	109	129
	Females		211	2	311	524	549
In nursing homes approved under the Mental Treatment Act.							
	Total		144	1	—	145	147
	Males		2	—	—	2	4
	Females		142	1	—	143	143
In Naval and Military Hospitals							
	Total		4	—	209	213	221
	Males		4	—	209	213	221
	Females		—	—	—	—	—
In private single-care							
	Total		4	—	44	48	51
	Males		2	—	8	10	11
	Females		2	—	36	38	40
Of total :—							
Private patients	Total		1,998	16	2,072	4,086	4,200
	Males		603	6	732	1,341	1,415
	Females		1,395	10	1,340	2,745	2,785
Health Service patients ..	Total		43,071	381	100,836	144,288	145,857
	Males		18,539	124	42,813	61,476	62,040
	Females		24,532	257	58,023	82,812	83,817
Broadmoor patients	Total		—	—	1,106	1,106	1,108
	Males		—	—	887	887	888
	Females		—	—	219	219	220

Mental Disorder

TABLE A—(continued)

Part III. Changes. Analysis by class and status of patient

	Increase (or decrease —) during 1956			Average annual increase (or decrease —) in five years 1952–6 inclusive		
	Total	Males	Females	Total	Males	Females
Total	— 1,376	— 635	— 741	282	145	137
Class :—						
Private	— 205	— 74	— 131	— 247	— 98	— 149
Health Service	— 1,169	— 564	— 605	513	228	285
Broadmoor patients	— 2	3	— 5	16	15	1
Status :—						
Voluntary	5,001	1,881	3,120	3,184	1,276	1,908
Temporary	— 84	— 39	— 45	10	—	10
Certified	— 6,293	— 2,477	— 3,816	— 2,912	— 1,131	— 1,781

TABLE B—Movement of Patients

Part I. Summary of Admissions, Discharges, Transfers from one form of Care to another, and Deaths during 1956

(All types of care shown in Table A.)

	Total	Males	Females
Resident at 1st January, 1956	150,856	64,339	86,517
Direct admissions :—			
Total	88,542	36,211	52,331
Not previously admitted	50,405	21,221	29,184
Other	38,137	14,990	23,147
Indirect admissions (excluding regradings)*	781	384	397
	240,179	100,934	139,245
Discharged and departed :—			
Total	76,481	31,230	45,251
Recovered†	20,237	7,555	12,682
Relieved	47,742	19,508	28,234
Not improved	8,109	3,962	4,147
By operation of law‡	393	205	188
Transferred (under Order) to other care*	877	436	441
Died	13,341	5,564	7,777
Remained at 31st December, 1956	149,480	63,704	85,776
	240,179	100,934	139,245

* The figure of "Indirect admissions (excluding regradings)" is less than "Transferred (under Order) to other care" because a few transfers into designated mental hospitals from other types of care are recorded by those hospitals as direct admissions.

† Including any patients discharged shortly after admission as "Not now insane".

‡ By reason of irregular admission documents, the lapsing of reception orders (Section 38, Lunacy Act, 1890, and Section 7, Lunacy Act, 1891) or discharge after absconding (Section 85, Lunacy Act, 1890).

Mental Disorder

TABLE B—(continued)

Part II. Direct Admissions during 1956. Analysis by type of care and status of patient.

	Total	Status of patient		
		Voluntary	Temporary	Certified
All institutions and single-care:—				
Total—number	88,542	69,479	1,504	17,559
—per cent.	100·0	78·5	1·7	19·8
Males	36,211	28,748	554	6,909
Females	52,331	40,731	950	10,650
Mental Hospitals:—				
Total—number	83,994	65,637	1,453	16,904
—per cent.	100·0	78·2	1·7	20·1
Males	34,263	27,304	535	6,424
Females	49,731	38,333	918	10,480
Private in-patients				
Total	1,471	1,233	21	217
Males	698	528	8	162
Females	773	705	13	55
Health Service in-patients				
Total	82,523	64,404	1,432	16,687
Males	33,565	26,776	527	6,262
Females	48,958	37,628	905	10,425
Registered hospitals:—				
Total	1,706	1,507	37	162
Males	627	552	14	61
Females	1,079	955	23	101
Licensed houses:—				
Total	715	631	11	73
Males	201	180	4	17
Females	514	451	7	56
Others including single-care:—				
Total	2,127	1,704	3	420
Males	1,120	712	1	407
Females	1,007	992	2	13

Mental Disorder

TABLE B—(continued)

Part III. Discharges and Deaths during 1956. Analysis
by type of care and condition on discharge

		Discharges				Deaths
		Total	Recovered	Relieved	Not Improved	
<i>(a) Numbers</i>						
Total	Total	76,088	20,237	47,742	8,109	13,341
	Males	31,025	7,555	19,508	3,962	5,564
	Females	45,063	12,682	28,234	4,147	7,777
Mental hospitals ..	Total	71,990	19,040	45,562	7,388	12,871
	Males	29,260	7,010	18,585	3,665	5,400
	Females	42,730	12,030	26,977	3,723	7,471
Registered hospitals	Total	1,522	440	865	217	193
	Males	561	142	339	80	75
	Females	961	298	526	137	118
Licensed houses ..	Total	593	197	296	100	183
	Males	181	61	90	30	41
	Females	412	136	206	70	142
Others, including single-care	Total	1,983	560	1,019	404	94
	Males	1,023	342	494	187	48
	Females	960	218	525	217	46
<i>(b) Per cent. of average number resident</i>						
Total	Total	51.0	13.6	32.0	5.4	8.9
	Males	48.7	11.9	30.6	6.2	8.7
	Females	52.8	14.9	33.1	4.8	9.1
Mental hospitals ..	Total	49.6	13.1	31.4	5.1	8.9
	Males	47.2	11.3	30.0	5.9	8.7
	Females	51.4	14.5	32.4	4.5	9.0
Registered hospitals	Total	118.6	34.3	67.4	16.9	15.0
	Males	122.2	30.9	73.9	17.4	16.3
	Females	116.6	36.2	63.8	16.6	14.3
Licensed houses ..	Total	71.7	23.8	35.8	12.1	22.1
	Males	109.7	37.0	54.5	18.2	24.8
	Females	62.2	20.5	31.1	10.6	21.5

Mental Disorder

TABLE B—(continued)

Part IV. Discharges. Analysis by status and condition on discharge* (Mental hospitals only)†

(a) Number of discharges and per cent. in each status

Status		Total		Recovered	Relieved	Not improved
		Number	Per cent			
Total	Total ..	71,990	100·0	19,040	45,562	7,388
	Males ..	29,260		7,010	18,585	3,665
	Females	42,730		12,030	26,977	3,723
Voluntary	Total ..	62,106	86·3	15,749	39,636	6,721
	Males ..	25,830		5,931	16,530	3,366
	Females	36,276		9,818	23,106	3,355
Temporary	Total ..	371	0·5	123	217	31
	Males ..	99		25	63	11
	Females	272		98	154	20
Certified	Total ..	9,513	13·2	3,168	5,709	616
	Males ..	3,331		1,054	1,992	285
	Females	6,182		2,114	3,717	331

(b) Discharges by condition expressed as a percentage of total discharges

Status		Total	Recovered	Relieved	Not improved
Total	Total ..	100·0	26·4	63·3	10·3
Voluntary	Total ..	100·0	25·4	63·8	10·8
Temporary	Total ..	100·0	33·1	58·5	8·4
Certified	Total ..	100·0	33·3	60·0	6·7

* Any patients discharged after absconding (Section 86) or otherwise by operation of law are excluded.

† Excluding Bethlem and Maudsley Hospital and Broadmoor Institution.

Mental Disorder

TABLE B—(continued)

Part V. Patients admitted during 1952, 1953 and 1954
analysed by length of stay on discharge
(Mental Hospitals only)*

Year of Admission	Total number of admissions	Percentage of year's admissions discharged within—							Total number of discharges within 12 months
		1 week	1 month	2 months	3 months	6 months	9 months	12 months	
Total :—									
1952 ..	62,258	3·7	20·8	38·9	49·8	65·0	70·1	72·7	45,234
1953 ..	67,422	4·0	22·5	41·6	52·5	67·4	72·2	74·8	50,444
1954 ..	71,699	4·3	23·8	43·9	54·9	69·3	74·2	76·7	54,979
Males :—									
1952 ..	25,955	4·5	22·8	39·6	49·9	64·4	69·4	72·0	18,695
1953 ..	28,278	4·7	24·2	42·4	52·8	67·2	71·9	74·3	21,018
1954 ..	29,751	5·2	25·6	45·1	55·6	69·6	74·4	76·8	22,852
Females :—									
1952 ..	36,303	3·1	19·5	38·4	49·7	65·5	70·6	73·1	26,539
1953 ..	39,144	3·5	21·3	41·1	52·3	67·6	72·5	75·2	29,426
1954 ..	41,948	3·7	22·6	43·0	54·4	69·1	74·4	76·6	32,127

* Excluding Bethlem and Maudsley Hospital and Broadmoor Institution.

TABLE C—Accommodation at 31st December, 1956, in
Mental Hospitals vested in the Minister of Health exclusive
of the former Public Assistance Institutions *

	Total	Males	Females
Authorised bed-space :—			
Total	124,218	54,404	69,814
Not available for use :—			
Total	3,005	1,216	1,789
Diverted to other use	1,368	441	927
Awaiting restoration or redecoration	653	396	257
Unstaffed	984	379	605
Available for patients	121,213	53,188	68,025
Patients on register	138,215	58,892	79,323
Overcrowding :—			
Number	17,002	5,685†	11,317†
Percentage	14·0	10·7†	16·7†

* Excluding Bethlem and Maudsley Hospital and Broadmoor Institution.

† Adjusted to allow for 19 males under the age of 16 years accommodated in beds normally allocated to female patients.

APPENDIX XI

Mental Deficiency

TABLE A—Patients under care at 31st December, 1956.
Analysis by type of care and form of detention

		31st December, 1956						31st Dec. 1955
		Received under the Mental Deficiency Acts, 1913-38				Not certified under the Mental Deficiency Acts	Total	Total
		Total	Under Orders		Others			
			Section 6	Sections 8-9				
					Section 3			
Total ..	Total	62,499*	52,893	5,998	3,608	1,512	64,011†	64,011
	Males	32,652	25,813	4,725	2,114	876	33,528	33,528
	Females	29,847	27,080	1,273	1,494	636	30,483	30,483
In Hospitals vested in the Minister of Health :—								
Hospitals under Regional Hospital Boards.	Total	56,729	48,134	5,055	3,540	167	56,896	57,48
	Males	30,008	21,958	3,958	2,092	72	30,080	30,30
	Females	26,721	24,176	1,097	1,448	95	26,816	27,18
Rampton and Moss Side Hospitals.	Total	1,605	779	817	9	—	1,605	1,58
	Males	1,060	381	677	2	—	1,060	1,05
	Females	545	398	140	7	—	545	528
In premises not vested in the Minister of Health but deemed to be mental deficiency accommodation.	Total	78	75	3	—	—	78	78
	Males	39	36	3	—	—	39	41
	Females	39	39	—	—	—	39	37
In Certified Institutions ..	Total	1,432	1,327	59	46	8	1,449	1,52
	Males	384	333	38	13	—	394	38
	Females	1,048	994	21	33	8	1,056	1,14
In Approved Homes	Total	—	—	—	—	908	908	90
	Males	—	—	—	—	570	570	50
	Females	—	—	—	—	338	338	40
Under Guardianship or notified	Total	2,655	2,578	64	13	429†	3,084	3,15
	Males	1,161	1,105	49	7	234†	1,395	1,37
	Females	1,494	1,473	15	6	195†	1,689	1,78

* Of these cases approximately 4,594 were on licence from Hospitals and Institutions.

† Notified Cases (Section 51).

‡ In addition to the patients in Hospitals or Institutions and under Guardianship or Notified, there were at same date 60,467 defectives (32,091 males, 28,376 females) under Statutory Supervision (Section 36 (b)). The aggregate of institutional population reported by hospitals and institutions differs slightly from the figure reported by local authorities given in Table F.

Mental Deficiency

TABLE B—Admissions, Discharges and Deaths during 1956.
Analysis by type of care

		Direct Admissions	Discharges	Deaths	Death rate per 1,000 patients resident
Total.. ..	Total	3,452	3,287	841	14.1
	Males	1,886	1,635	422	13.4
	Females	1,566	1,652	419	14.8
Hospitals vested in the Minister of Health :—	Total	3,029	2,692	764	14.4
Hospitals under Regional Hospital Boards.	Males	1,649	1,364	385	13.7
	Females	1,380	1,328	379	15.3
Rampton and Moss Side Hospitals.	Total	43	13	9	5.8
	Males	34	8	8	7.8
	Females	9	5	1	1.9
Prisons not vested in the Minister of Health but deemed to be mental deficiency accommoda- tion.	Total	*	6	2	22.5
	Males	*	1	1	25.0
	Females	*	5	1	20.4
Certified Institutions ..	Total	62	122	14	10.8
	Males	19	44	3	8.6
	Females	43	78	11	11.7
Approved Homes	Total	318	257	23	25.9
	Males	184	132	11	20.0
	Females	134	125	12	35.4
Guardianship	Total	..	197	29†	9.3†
	Males	..	86	14†	10.0†
	Females	..	111	15†	8.8†

* No admissions have been made since the inception of the National Health Service.

† These figures also include notified cases (Section 51).

.. Signifies figures not available.

TABLE C—Discharges during 1956*
Analysis by type of care and form of discharge

	Reason for Discharge				Total
	By the Board of Control	Owing to the nature of Special Report and Certificate or because they were not received (Section 11)	Order lapsed whilst absent without leave	On attaining age of 21 years (Section 11 (2) and (3))	
Total ..	2,527	278	118	104	3,030
Hospitals and Institu- tions	2,427	224	79	100	2,833
Guardianship ..	100	54	39	4	197

* These are discharges from Order. Discharges from Approved Homes, included in Table B, are, therefore, not shown.

Mental Deficiency

TABLE D—Accommodation

Part I. Authorised bed-space at 31st December, 1956

(All Hospitals and Institutions)

Total	..	..	..	..	..	..	..	..	..	54,610
Hospitals vested in the Minister of Health :—										
Hospitals under Regional Hospital Boards	..	..	..	..	..	..	..	..	..	50,480*
Rampton and Moss Side Hospitals	..	..	..	..	..	..	..	..	..	1,640
Premises not vested in the Minister of Health but deemed to be mental deficiency accommodation	..	..	..	..	..	..	..	..	..	78†
Certified Institutions	..	..	..	..	..	..	..	..	..	1,470
Approved Homes	..	..	..	..	..	..	..	..	..	959

* Some of this bed-space was not available for use—see Part 2 below.

† Bed-space in "deemed" accommodation is not assessed on authorised standards. The figures, therefore, represent the number of patients accommodated at the time.

Part II. Accommodation in Hospitals under Regional Hospital Boards at 31st December, 1956

Authorised bed-space										
Total	..	..	..	..	..	..	..	..	..	50,480
Not available for use										
Total	..	..	..	..	..	..	..	..	..	1,708
Diverted to other use	..	..	..	..	..	..	..	..	..	100
Awaiting restoration or redecoration	..	..	..	..	..	..	..	..	..	180
Unstaffed	..	..	..	..	..	..	..	..	..	1,415
Available for patients	..	..	..	..	..	..	..	..	..	48,757
Total patients on register										
Patients resident	..	..	..	..	..	..	..	..	..	56,886
Patients on licence :—	..	..	..	..	..	..	..	..	..	52,502
Short licence	..	..	..	..	..	..	..	..	..	1,031
Long licence	..	..	..	..	..	..	..	..	..	3,363

Mental Deficiency

TABLE E—*Ascertainment of Mental Deficiency by Local Health Authorities and Arrangements made, 1955 and 1956*

	1955			1956		
	Total	Aged under 16	Aged 16 and over	Total	Aged under 16	Aged 16 and over
Total reported	8,728	5,590	3,138	8,884	5,564	3,320
Ascertained to be defectives "subject to be dealt with" :—	6,583	4,573	2,010	6,248	4,365	1,883
Source of report :—						
Local Education Authorities	4,826	3,983	843	4,630	3,767	863
Police or by Courts	199	23	176	180	28	152
Other sources.. .. .	1,558	567	991	1,438	570	868
Found to be defectives but not "subject to be dealt with".	1,231	512	719	1,406	496	910
Reported but not regarded as defectives.	914	505	409	312	117	195
Cases in which action was incomplete at end of year.				918	586	332
Arrangements made for defectives "subject to be dealt with" :—						
Total	6,583	4,573	2,010	6,190	4,333	1,857
Placed under Statutory Supervision.	5,783	4,268	1,515	5,407	4,009	1,398
Placed under Guardianship ..	58	33	25	45	23	22
Taken to "Places of Safety"	58	16	42	16	8	8
Admitted to Hospitals ..	684	256	428	722	293	429
Arrangements made for defectives not "subject to be dealt with" :—						
Total	1,231	512	719	1,373	483	890
Placed under Voluntary Supervision.	1,082	439	643	1,165	390	775
Action necessary	149	73	76	208	93	115
Arrangements not made because patient died or left the area.	..	..	..	91	45	46

.. Signifies figures not available.

Mental Deficiency

TABLE F—Persons on the Registers of Local Health Authorities, 1955 and 1956

*Analysis by type of care
(at 31st December)*

	1955			1956		
	Total	Aged under 16	Aged 16 and over	Total	Aged under 16	Aged 16 and over
Total	140,874	25,658	115,216	141,702	26,022	115,680
Under Statutory Supervision ..	59,594	16,828	42,766	60,467	17,223	43,244
Under Guardianship	2,791	221	2,570	2,642	194	2,448
In Places of Safety	308	141	167	215	114	101
In Hospitals*	61,285	7,356	53,929	60,860	7,514	53,346
Under Voluntary Supervision ..	16,896	1,112	15,784	17,518	977	16,541

* This figure of institutional population is taken from the registers of local health authorities and differs slightly from that supplied by hospitals and institutions themselves as given in Table A.

TABLE G—Training of Mental Defectives at Local Health Authority and Voluntary Centres and at Home, 1955 and 1956
(at 31st December)

	Total ..	Persons receiving training		Persons awaiting training	
		1955	1956	1955	1956
Aged under 16 years :—		14,179	15,509	8,736	8,232
Total		8,754	9,482	2,973	2,666
Occupation Centres		7,931	8,639	2,788	2,594
Industrial Centres		124	86	154	72
Home training		699	757	31	—
Aged 16 years and over :—		5,425	6,027	5,763	5,566
Total		3,304	3,561	1,648	1,797
Occupation Centres		1,013	1,200	3,287	3,321
Industrial Centres		1,108	1,266	828	448
Home training					

TABLE H—Waiting-Lists for Admission to Hospital, 1955 and 1956
(at 31st December)

	Total	Urgent cases		Non-urgent cases	
		1955	1956	1955	1956
Total	6,909	6,247	3,471	3,099	3,438
Aged under 16 years	3,315	3,046	2,073	1,866	1,242
Aged 16 years and over	3,594	3,201	1,398	1,233	2,196

APPENDIX XII
Tuberculosis (England and Wales)
Institutional Treatment
(at 31st December)

						1949	1955	1956
Beds allocated—								
All .. .. .	..	..	..	..	Total	31,273	34,057	30,329
					Male	14,870	17,368	16,281
					Female	12,180	13,463	11,276
					Children	4,223	3,226	2,772
Respiratory .. .. .	..	..	..	..	Total	27,286	31,900	28,598
					Male	13,907	16,712	15,674
					Female	11,351	12,923	10,780
					Children	2,028	2,265	2,144
Non-respiratory .. .. .	..	..	..	..	Total	3,987	2,157	1,731
					Male	963	656	607
					Female	829	540	496
					Children	2,195	961	628
Beds temporarily unavailable*								
All .. .. .	..	..	..	..	Total	4,093	1,671	1,540
					Male	2,080	759	681
					Female	1,406	720	588
					Children	607	192	271
Respiratory .. .. .	..	..	..	..	Total	3,710	1,366	1,405
					Male	2,030	742	663
					Female	1,347	714	570
					Children	333	110	172
Non-respiratory .. .. .	..	..	..	..	Total	383	105	135
					Male	50	17	18
					Female	59	6	18
					Children	274	82	99
Beds occupied .. .. .	..	..	..	..	Total	26,115	27,329	24,478
					Respiratory	22,767	25,744	23,295
					Non-respiratory	3,348	1,584	1,183

Chest Clinics

New cases diagnosed during year—								
All .. .. .	..	..	..	..	Total	47,191	35,353	34,323
					Male	22,601	18,011	18,190
					Female	17,594	13,150	12,486
					Children	6,996	4,192	3,647
Respiratory .. .. .	..	..	..	..	Total	41,243	31,916	31,225
					Male	21,283	16,992	17,268
					Female	15,819	11,737	11,139
					Children	4,141	3,187	2,818
Non-respiratory .. .. .	..	..	..	..	Total	5,948	3,437	3,098
					Male	1,318	1,019	922
					Female	1,775	1,413	1,347
					Children	2,855	1,005	829
Notified cases on clinic registers*—								
All .. .. .	..	..	..	..	Total	272,040	342,866	351,212
					Male	128,675	168,313	174,105
					Female	104,045	141,313	145,559
					Children	39,320	33,240	31,548
Respiratory .. .. .	..	..	..	..	Total	223,856	307,182	316,704
					Male	115,687	157,291	163,237
					Female	88,868	127,289	131,540
					Children	19,301	22,602	21,927
Non-respiratory .. .. .	..	..	..	..	Total	48,184	35,684	34,508
					Male	12,988	11,022	10,868
					Female	15,177	14,024	14,019
					Children	20,019	10,638	9,621
Patients awaiting admission to institutions.*						10,986	1,387	632

* At 31st December.

APPENDIX XIII

Artificial Limbs, Invalid Vehicles and Storage Sheds Supplied or Repaired under the N.H.S. (England and Wales)

		1949	1953	1954	1955	1956		
Artificial legs (including pylons) ..	Supply	9,926	8,960	9,433	9,459	9,679		
	Repair	21,098	43,125	46,403	48,116	50,342		
Artificial arms	Supply	1,883	1,518	1,914	1,656	1,688		
	Repair	1,218	2,523	3,307	3,310	3,320		
Arm appliances ..	Supply	3,352	2,813	2,912	2,926	2,699		
	Repair	52	161	240	354	308		
Artificial eyes	Supply	8,322	8,604	8,195	8,865	9,024		
Motor and electric tricycles	Supply	3,298	2,478	2,244	2,278	1,706	New	Re-iss
			1,025	1,099	1,014	314		
			8,322	9,891	11,767	6,500		
Hand-propelled tricycles	Supply							
Invalid chairs, etc. ..	Supply							
No figures are available for repairs								
Storage sheds	Supply	286	1,574	1,595	1,549	1,174		

APPENDIX XIV
Expenditure of Hospital Authorities
(England and Wales)

	Actual Expenditure 1954/55	Actual Expenditure 1955/56
	£	£
CAPITAL EXPENDITURE		
Gross expenditure	11,334,629	11,481,578
Income	18,831	14,766
Net expenditure	11,315,798	11,466,812
REVENUE EXPENDITURE		
Salaries and wages (including employers' and employees' contributions to National Insurance and Superannuation) :		
(i) Medical (including specialists and registrars)	30,787,246	31,704,030
(ii) Nursing	62,603,192	68,725,857
(iii) Other	79,296,165	85,723,842
Provisions	34,334,321	36,413,156
Staff uniforms and patients' clothing	3,203,882	3,381,945
Drugs and dressings, etc.	9,677,079	10,573,654
Medical and surgical appliances and equipment	7,721,045	8,433,233
Fuel, light, power, water and laundry	20,411,550	22,656,585
Maintenance of buildings, plant and grounds	9,555,107	12,316,587
Domestic repairs, renewals and replacements	7,272,036	8,143,611
Other expenditure	16,205,740	16,966,698
Total hospital maintenance (including specialists' and registrars' salaries)	281,067,363	305,039,198
Blood transfusion, mass radiography, etc.	5,160,654	5,520,981
Central administration	7,216,414	7,731,453
Total hospital revenue expenditure	293,444,431	318,291,632
Less :		
(i) Direct credits	24,738,465	25,233,433
(ii) Income	3,836,883	3,935,753
Total net revenue expenditure	264,869,083	289,122,446

- Notes.—(1) Hospital accounts are on an income and expenditure basis and the figures in the Appendix above necessarily differ from those in Table 2 on page 4 in Chapter I which show the issue and receipt of cash by the Exchequer during the financial year.
- (2) Revenue income is derived mainly from patients in private or amenity beds, from charges for the supply and repair of certain appliances, from charges for drugs and medicines under the *N.H.S. Act, 1952*, and from payments under the *Road Traffic Acts*. Direct credits represent payments by staff for board, lodging, supplies and services, together with the receipts from farms, canteens and other trading services. These direct credits are netted against expenditure in the hospital accounts.

APPENDIX XV

Statistical Summary for directly administered War Pensioner Hospitals and Polish Hospitals, 1956

(England and Wales and the Republic of Ireland)

TABLE A—War Pensioner Hospitals

Summary of Beds

Bed Complement	1,421
Available staffed beds	1,137
Temporarily unavailable staffed beds	81
Beds unused for lack of staff	95
Unstaffed beds out of use for major structural alterations	108
Average daily number of available beds over the year	1,215·10
Average daily number of occupied beds over the year	846·14

Note.—Chepstow and Dunston Hill Hospitals were transferred to the appropriate H.M.O.s on 1st April, 1956, and are, therefore, excluded both from this summary and the Table below.

Details of Beds used

Department	In-patients						Out-patients		
	Staffed beds allocated (irrespective of actual use) at 31st December	Average daily number of available beds (irrespective of actual use)	Average daily bed occupation during the year	Discharges or deaths during the year	Average duration of stay in days of patients discharged or died during the year	Waiting list on 31st December	New out-patients during the year	Total attendances during the year (new and old patients)	Actual number of clinic sessions held
All departments ..	1,218	1,215·10	846·14	8,491	—	278	992	5,908	1,291
General medicine ..			242·78	1,811	49·06	31	31	1,000	18
Diseases of the chest ..			27·01	199	49·68	—	—	—	—
Dermatology ..			14·78	100	54·11	1	26	205	18
Neurology ..			30·24	197	56·18	6	3	13	1
Cardiology ..			7·98	47	62·13	—	4	9	7
General surgery ..			110·47	1,278	31·62	28	81	941	29
Ear, nose and throat (other than tonsils and adenoids) ..			8·33	306	9·97	—	7	306	9
Traumatic and orthopaedic surgery ..	1,218(*)	1,215·10 (*)	148·39	1,412	38·46	33	184	1,802	30
Ophthalmology ..			5·80	180	11·81	—	4	41	3
Genito-urinary ..			16·77	282	21·77	37	—	24	3
Plastic surgery ..			20·29	292	25·43	14	13	133	6
Consultant dentistry ..			—	—	—	—	1	374	18
Neurosurgery ..			12·09	165	26·81	—	6	286	11
Paraplegia ..			23·70	47	184·60	6	1	1	1
Tropical diseases ..			81·76	1,421	21·06	100	1	9	7
Limb training ..			49·02	731	24·53	22	—	—	—
Audiometry ..			—	—	—	—	91	142	4
Sight-testing ..			—	—	—	—	539	619	4
Residential Care Service ..			46·09	15	†	—	—	—	—
Private pay-beds ..			0·64	8	29·13	—	—	—	—

* Separate details have not been given as there are but few specific bed allocations.

† Averages are not significant in these long-stay cases.

‡ Full clinic sessions are not held in these specialties; patients are seen only by appointment.

TABLE B—*Polish Hospitals*

Summary of Beds

Bed Complement	350
Available staffed beds	350
Unstaffed beds out of use for reasons other than lack of staff	—
Average daily number of available beds over the year	407·99
Average daily number of occupied beds over the year	329·11

Details of Beds used

Department	In-patients						Out-patients		
	Staffed beds allocated (irrespective of actual use) at 31st December	Average daily number of available beds (irrespective of (actual use)	Average daily bed occupation during the year	Discharges or deaths during the year	Average duration of stay in days of patients discharged or died during the year	Waiting list on 31st December	New out-patients during the year	Total attendances during the year (old and new patients)	Annual number of clinic sessions held
All departments ..	350	407·99	329·11	831	—	14	699	879	426
General medicine ..	172*	203·12*	35·06	236	54·38	6	252	296	123
Pediatrics ..			2·04	38	19·61	—	18	19	15
Neurology ..			5·29	8	242·00	1	—	—	—
General surgery ..			37·96	284	48·93	4	243	295	145
Cyathalmology ..			1·46	—	—	—	—	—	—
Gastro-urinary ..			4·81	16	109·94	—	9	13	11
Gynaecology ..			10·14	126	29·46	3	160	224	107
Peripart ..			9·47	3	1,155·67	—	—	—	—
Accidental cases ..			—	—	—	—	—	—	—
Deaths of the ..			56·33	13	†	—	—	—	—
Thoracic surgery ..	168	182·45	150·97	98	564·00	—	17	32	25
Thoracic surgery ..	10	22·42	15·58	9	634·00	—	—	—	—

* There is no specific allocation of beds under these specialities.

† In previous years these cases have been shown under General Medicine and Neurology.

‡ Averages are not significant in these long-stay cases.

APPENDIX XVI General Medical Services

TABLE A

Number of Practitioners providing General Medical Services under the National Health Service at 1st July, 1955, and 1st July, 1956

Type of Practice	Number of Practitioners	
	1st July, 1955	1st July, 1956
1. Practitioners practising as Principals and providing Unrestricted General Medical Services:—		
Single-handed practitioners	6,628	6,715
As members of partnerships of 2 doctors	3,246	6,728
As members of partnerships of 3 doctors	1,440	3,465
As members of partnerships of 4 doctors	465	1,528
As members of partnerships of 5 doctors	289	460
As members of partnerships of 6 or more doctors	—	333
	12,068	12,514
	18,783	19,082
2. Practitioners practising as Principals and providing Unrestricted General Medical Services, but practising on the "Border", or in Partnerships with others not providing General Medical Services:—		
As members of mixed partnerships	11	13
Practitioners residing in the "fringe area" with Scotland	25	25
As members of partnerships who provide general medical services (where one or more of the partners provide only maternity medical services)	5	13
As members of partnerships who provide unrestricted services (where one or more have limited lists)	8	12
	—	—
	49	63
3. Practitioners practising as Principals and providing Restricted General Medical Services:—		
Single-handed:—		
(a) hospitals and similar establishments	707	697
(b) other reasons	32	32
As members of partnerships:—		
(a) hospitals and similar establishments	11	11
(b) other reasons	3	3
	753	743
	19,585	19,888
	57	63
4. Practitioners practising as Principals but providing Maternity Medical Services only (not included above)		
5. Practitioners practising as Assistants:—		
Permanent assistants:—		
(a) on Medical List	61	58
(b) otherwise	2,454	2,493
	2,515	2,551

TABLE B

Analysis of Single-Handed and Partnership Practices : classified according to the type of area, size of "Firm" and size of list
(at 1st July, 1956)

Number of Patients	Single-Handed						Number of Principals in Partnership									
	With no Assistant			With Assistant			2		3		4		5		6 or more	
	Rural	Semi-Urban	Urban	Rural	Semi-Urban	Urban	Rural	Semi-Urban	Rural	Semi-Urban	Rural	Semi-Urban	Rural	Semi-Urban	Rural	Urban
Under 101	15	14	176			2										
101-200	9	14	59			1										
201-300	6	15	64			1										
301-400	11	16	56			1										
401-500	10	17	53			1										
501-750	37	53	154			4										
751-1,000	60	73	177			4										
1,001-1,250	77	112	234			5										
1,251-1,500	79	112	234			5										
1,501-2,000	232	259	570	10	12	20	23	18	1							
2,001-2,500	186	288	540	22	16	40	36	38	2							
2,501-3,000	126	255	528	28	15	43	96	75	4							
3,001-3,500	74	230	511	26	33	58	134	137	10							
3,501-4,000	8	30	61	10	17	43	97	123	12							
4,001-4,500	4	6	12	12	15	42	104	140	28							
4,501-5,000	1	7	15	12	25	79	82	159	31							
5,001-5,500	—	7	8	2	16	35	63	127	34							
5,501-6,000	—	1	3	2	11	26	41	141	26							
6,001-6,500				1			21	96	20							
6,501-7,000							13	36	25							
7,001-7,500							6	39	29							
7,501-8,000							5	24	17							
8,001-8,500							2	22	30							
8,501-9,000							2	7	16							
9,001-10,000									57							
10,001-11,000									44							
11,001-12,000									23							
12,001-13,000									11							
13,001-14,000									7							
14,001-15,000									3							
15,001-16,000									1							
16,001-17,000																
17,001-18,000																
18,001-19,000																
19,001-20,000																
20,001 and over																
No. of "firms"	935	1,490	3,470	130	195	388	773	1,240	302	505	343	115	178	89	24	23

Note: This table includes Practitioners in Section 1 of Table A only.

TABLE C

*Practitioners practising Single-Handed, and as Members of Partnerships :
classified according to age, size of list of patients and type of area
(at 1st July, 1956)*

Age Group and Number of Patients on List	Single-Handed			Single-Handed with Assistants			Partnership		
	Number of Practitioners in			Number of Practitioners in			Number of Practitioners in		
	Rural	Semi-Urban	Urban	Rural	Semi-Urban	Urban	Rural	Semi-Urban	Urban
Practitioners aged 35 years and under with :—									
Under 1,501 patients ..	23	40	177	1	—	—	506	770	616
1,501-2,500 patients ..	46	58	133	2	—	7	140	276	224
2,501-3,600 patients ..	14	50	109	4	8	10	63	178	146
3,601 and over ..	2	1	13	—	10	9	19	74	72
Total ..	85	149	432	7	18	26	728	1,298	1,058
Practitioners aged 36-45 with :—									
Under 1,501 patients ..	68	53	229	3	—	3	297	337	313
1,501-2,500 patients ..	113	136	269	7	3	9	341	372	296
2,501-3,600 patients ..	70	173	317	22	11	20	259	564	371
3,601 and over ..	5	23	31	13	35	80	100	374	266
Total ..	256	385	846	45	49	112	997	1,647	1,246
Practitioners aged 46-55 years with :—									
Under 1,501 patients ..	63	89	263	3	1	3	128	96	118
1,501-2,500 patients ..	148	183	307	12	13	10	269	211	186
2,501-3,600 patients ..	67	166	364	20	25	38	291	422	316
3,601 and over ..	5	17	31	16	34	75	135	431	409
Total ..	283	455	965	51	73	126	823	1,160	1,029

Practitioners aged 56-65 years with :—									
Under 1,501 patients	1,501-2,500 patients	2,501-3,500 patients	3,501 and over	..	..	..	..	..	..
88	92	213	4	4	3	79	85	29	
89	138	313	4	7	9	155	169	174	
43	85	217	4	6	9	150	279	229	
1	4	20	3	3	24	70	227	312	
Total				20	45	454	760	674	
Practitioners aged 66 years and over with :—									
Under 1,501 patients	1,501-2,500 patients	2,501-3,500 patients	3,501 and over	..	..	..	..	..	..
62	90	233	1	1	3	57	64	54	
22	32	97	4	4	3	69	77	65	
6	11	33	2	2	3	45	63	73	
..	2	1	..	..	1	12	33	28	
Total				7	10	183	237	220	
Grand Total				713		12,514			
				5,855					

Notes.—1. For the purpose of this Table, the size of list of a doctor in partnership is the actual size of his own list.

2. This Table includes Practitioners shown in Part I of Table A only.

TABLE D

*"Permanent" Assistants : classified by type of "Firm" in which employed
Number employed at 1st July, 1955, compared with 1st July, 1956.*

Type of " Firm " in which employed	Number of " Firms " employing			Total Number of " Firms " 1955	Total Number of " Firms " 1956
	1	2	3		
	" Permanent " Assistants				
Single-handed principals ..	769	12	—	766	781
Partnerships of 2	404	32	1	450	437
Partnerships of 3	165	7	—	155	172
Partnerships of 4	58	5	2	60	65
Partnerships of 5	11	2	—	15	13
Partnerships of 6 or more ..	11	—	1	7	12
Total number of " firms " ..	1,418	58	4	1,453	1,480
Total number of assistants at 1st July, 1955	1,393	116	6	1,515	—
Total number of assistants at 1st July, 1956	1,418	116	12	—	1,546

TABLE E.1
"Permanent" Assistants : classified by age and length of time in employment
(at 1st July, 1956)

Age Group at 1st July, 1956	Commenced Employment in Year Ending :—																TOTAL 1956	
	1st July, 1949		1st July, 1950		1st July, 1951		1st July, 1952		1st July, 1953		1st July, 1954		1st July, 1955		1st July, 1956		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
30 and under ..	1	—	1	1	5	3	8	2	31	15	66	21	141	30	285	48	538	120
31 to 35 ..	4	9	10	6	11	14	23	6	52	10	67	10	86	14	128	26	381	95
36 to 40 ..	14	15	7	3	7	5	5	4	13	5	11	10	21	4	36	11	114	57
41 to 45 ..	7	4	4	2	2	1	3	1	5	4	4	5	5	1	10	3	40	21
46 to 50 ..	7	7	1	2	2	1	2	—	2	—	2	—	8	1	5	—	29	11
51 to 55 ..	10	6	—	1	—	—	—	1	1	—	1	1	1	—	3	1	16	10
56 to 60 ..	5	11	3	2	2	2	—	3	1	—	1	2	4	—	4	5	20	25
61 to 65 ..	5	4	3	—	2	—	1	—	—	—	2	2	1	1	1	1	15	8
66 to 70 ..	1	2	1	—	—	—	2	—	—	1	2	—	3	—	—	—	9	3
71 to 75 ..	8	2	2	1	1	—	1	—	2	—	—	—	4	—	3	—	21	3
76 and over ..	3	—	2	—	1	—	1	—	—	—	1	—	1	—	1	—	10	—
Total 1956 ..	65	60	34	18	33	26	46	17	107	35	157	51	275	51	476	95	1,193	353
																	1,546	

Note.—Service is regarded as continuous from the first date shown of entry irrespective of any breaks.

TABLE E.2

Number of Assistants : Position at 1st July, 1955 and at 1st July, 1956

Age Group	Position at 1st July, 1955	Number on during year	Number left during year	Position at 1st July, 1956			Number of Assistants left during the year to become Principals			Percentage of Assistants in post on 1st July, 1955 who during the year became principals	Percentage of Assistants leaving during the year who became principals
				M.	F.	Total	M.	F.	Total		
30 and under ..	667	500	357+ 152	538	120	658	162	16	178	27	50
31 to 35 ..	461	266+ 152	336+ 67	381	95	476	195	10	205	45	61
36 to 40 ..	145	77+ 67	105+ 13	114	57	171	60	2	62	43	59
41 to 45 ..	71	25+ 13	40+ 8	40	21	61	16	5	21	30	53
46 to 50 ..	35	14+ 8	12+ 5	29	11	40	3	1	4	11	33
51 to 55 ..	37	8+ 5	11+ 13	16	10	26	5	—	5	14	45
56 to 60 ..	35	13+ 13	7+ 9	20	25	45	1	—	1	3	14
61 to 65 ..	18	5+ 9	6+ 3	15	8	23	1	—	1	—	16
66 to 70 ..	18	2+ 3	5+ 6	9	3	12	—	—	—	—	—
71 to 75 ..	19	3+ 6	2+ 2	21	3	24	—	—	—	—	—
76 and over ..	9	1+ 2	2	10	—	10	—	—	—	—	—
Total 1955	1,515	914	883	—	—	—	—	—	—	—	—
Total 1956				1,103	333	1,436	473	32	505	31	52

TABLE E.3

Number of Assistants who left during the year : classified according to age and when employment began

Age Group	1st July, 1949	1st July, 1950	1st July, 1951	1st July, 1952	1st July, 1953	1st July, 1954	1st July, 1955	1st July, 1956
30 and under	—	2	5(1)	12(6)	21(15)	76(40)	150(75)	91(41)
31 to 35 ..	7(4)	8(5)	13(9)	22(10)	49(35)	70(36)	123(80)	44(26)
36 to 40 ..	7(2)	3(2)	4(4)	5(2)	24(16)	24(16)	30(16)	8(4)
41 to 45 ..	5(5)	7(3)	3(2)	3(1)	3(3)	5(3)	10(3)	4(1)
46 to 50 ..	2	1	2(2)	—	1	2(1)	(1)	3
51 to 55 ..	1(1)	1	—	2(1)	1(1)	1	5(2)	—
56 to 60 ..	2(1)	—	1	1	1	1	—	1
61 to 65 ..	1	1(1)	1	1	—	—	—	2
66 to 70 ..	1	2	—	—	1	—	—	1
71 to 75 ..	1	—	—	—	—	1	—	—
76 and over	1	—	—	1	—	—	—	—
Total 1956 ..	28(13)	25(11)	29(18)	47(20)	101(70)	180(96)	319(177)	154(72)
Percentage who became principals ..	46	40	62	43	69	53	55	47

Notes. —(1) Length of service irrespective of breaks.

(2) Numbers in brackets are those who became principals.

TABLE F

Distribution of Practitioners providing General Medical Services as Principals at 1st July, 1955, and at 1st July, 1956, applying the Medical Practices Committee Classification

Medical Practices Committee Classification of area	Number of Principals with main Surgery Premises as in column (1)		Number of Patients on Lists of Principals in column (2)		Average Number of Patients per Principal	
(1)	(2)		(3)		(4)	
	1955	1956	1955	1956	1955	1956
Rural						
Designated ..	242	237	627,872	605,854	2,595	2,556
Intermediate ..	3,205	3,244	6,735,860	6,821,559	2,102	2,103
Restricted ..	702	783	1,094,473	1,214,753	1,559	1,551
Total	4,149	4,264	8,458,205	8,642,166	2,039	2,027
Semi-Urban						
Designated ..	1,499	1,417	4,278,582	4,022,976	2,854	2,839
Intermediate ..	4,826	5,053	11,421,196	11,895,986	2,367	2,354
Restricted ..	191	222	335,597	394,923	1,757	1,779
Total	6,516	6,692	16,035,375	16,313,885	2,461	2,438
Urban						
Designated ..	1,930	1,830	5,137,985	4,815,445	2,662	2,631
Intermediate ..	5,831	6,026	12,754,023	13,284,908	2,187	2,205
Restricted ..	391	368	565,155	516,112	1,445	1,402
Total	8,152	8,224	18,457,163	18,616,465	2,264	2,264
All Areas						
Designated ..	3,671	3,484	10,044,439	9,444,275	2,736	2,711
Intermediate ..	13,862	14,323	30,911,079	32,002,453	2,229	2,234
Restricted ..	1,284	1,373	1,995,225	2,125,788	1,554	1,548
Total	18,817	19,180	42,950,743	43,572,516	2,283	2,272

**TABLE G—Percentages of Patients on Lists of various
Sizes at 1st July, 1956**

Counties (England)

Executive Council	Number on Lists	Percentage on Lists of 1-2,500	Percentage on Lists of 2,501-3,000	Percentage on Lists of over 3,000
Bedfordshire	322,405	38	31	31
Berkshire	316,162	66	20	14
Buckinghamshire	408,350	45	39	16
Cambridgeshire	176,545	70	13	17
Cheshire	811,675	54	25	21
Cornwall	327,341	79	15	6
Cumberland	214,594	53	31	16
Derbyshire	699,763	40	23	37
Devon and Exeter	562,708	83	12	5
Dorset	282,025	82	4	14
Durham	901,961	36	32	32
Essex	1,683,546	40	29	31
Gloucester County and City	511,149	68	19	13
Hampshire	621,706	52	33	15
Herefordshire	122,097	63	30	7
Hertfordshire	706,160	53	28	19
Huntingdonshire	66,786	40	34	26
Isle of Ely	85,163	49	14	37
Isle of Wight	91,807	64	25	11
Isles of Scilly	1,737	100	—	—
Kent and Canterbury	1,554,316	57	22	21
Lancashire	1,999,246	42	29	29
Leicestershire and Rutland	370,786	56	25	19
Lincs. (Holland)	98,782	50	12	38
Lincs. (Kesteven)	121,373	62	22	16
Lincs. (Lincoln)	304,487	69	9	22
London	3,339,586	48	23	29
Middlesex	2,226,600	49	23	28
Norfolk	349,537	64	21	15
Northamptonshire	273,816	43	30	27
Northumberland	442,621	57	23	20
Nottingham County and City	849,523	43	29	28
Oxford County and City	275,056	68	15	17
Salop	274,102	58	25	17
Soke of Peterborough	66,908	34	27	39
Somerset	473,483	72	19	9
Staffordshire	865,160	28	30	42
Suffolk East	211,725	60	27	13
Suffolk West	112,711	69	28	3
Surrey	1,336,917	58	25	17
Sussex East	336,120	82	7	11
Sussex West	339,591	76	13	11
Warwickshire	514,928	50	24	26
Westmorland	64,793	100	—	—
Wiltshire	362,576	45	31	24
Worcestershire	402,053	50	28	22
Yorks., East Riding	203,842	71	19	10
Yorks., North Riding	356,397	72	18	10
Yorks., West Riding	1,565,131	50	27	23
Total Counties (England) ..	28,605,846	52	24	24

TABLE G—(continued)
County Boroughs (England)

Executive Council	Number on Lists	Percentage on Lists of 1-2,500	Percentage on Lists of 2,501-3,000	Percentage on Lists of over 3,000
Barnsley	73,405	32	15	53
Barrow-in-Furness	65,202	38	48	14
Bath	78,776	62	16	22
Bickenhead	142,595	34	31	35
Birmingham	1,128,154	38	29	33
Blackburn	106,140	32	37	31
Blackpool	146,384	63	16	21
Bolton	163,338	37	24	39
Bottle	78,639	20	23	57
Bournemouth	139,423	76	11	13
Bradford	284,401	49	26	25
Brighton	158,044	55	25	20
Bristol	437,384	55	29	16
Burnley	82,009	66	26	8
Burton-upon-Trent	48,336	27	29	44
Bury	57,743	37	34	29
Canterbury	68,656	30	30	40
Chester	57,080	63	31	6
Coventry	278,429	22	25	53
Croydon	247,455	46	34	20
Darlington	82,735	25	22	53
Derby	139,309	34	22	44
Devonport	52,317	32	32	36
Doncaster	81,445	38	42	20
Dudley	62,538	20	17	63
Eastbourne	54,314	89	10	1
East Ham	112,417	26	30	44
Gateshead	110,846	31	26	43
Great Yarmouth	51,375	2	40	58
Grimsby	93,335	44	32	24
Halifax	95,039	54	21	25
Hastings	63,577	69	21	10
Huddersfield	125,326	46	30	24
Ipswich	110,150	46	26	28
Kingston-upon-Hull	298,865	29	27	44
Leeds	497,991	51	16	33
Leicester	283,703	34	34	32
Lincoln	71,079	39	36	25
Liverpool	784,729	41	28	31
Manchester	684,127	43	18	39
Middlesbrough	149,963	36	23	41
Newcastle-upon-Tyne	286,222	43	32	25
Norhampton	102,658	21	49	30
Norwich	120,059	30	17	53
Oldham	117,832	23	36	41
Plymouth	197,217	31	28	41
Portsmouth	210,655	46	18	36
Preston	118,353	32	29	39
Reading	117,827	57	25	18
Rochdale	85,774	47	15	38
Rotherham	82,012	19	26	55
St. Helens	110,103	28	33	39
Salford	166,243	48	23	29
Sheffield	491,325	45	24	31
Southwick	74,902	40	21	39
Southampton	199,986	30	22	48
Southend-on-Sea	155,433	44	38	18
Southport	79,000	73	15	12
South Shields	109,940	35	42	23

TABLE G—(continued)

County Boroughs (England)

Executive Council	Number on Lists	Percentage on Lists of 1-2,500	Percentage on Lists of 2,501-3,000	Percentage on Lists of over 3,000
Stockport	139,342	45	30	25
Stoke-on-Trent	269,154	31	45	24
Sunderland	184,128	22	28	50
Tynemouth	66,754	32	26	42
Wakefield	57,652	55	17	28
Wallasey	102,763	41	40	19
Walsall	114,111	33	52	15
Warrington	79,120	34	41	25
West Bromwich	90,539	40	11	49
West Ham	167,363	34	32	34
West Hartlepool	70,909	33	55	12
Wigan	81,884	24	29	47
Wolverhampton	157,735	25	25	50
Worcester	63,451	28	64	8
York	104,706	24	25	51
Total County Boroughs (England)	12,421,925	40	27	33
Total Counties (England)	28,605,846	52	24	24
Total (England)	41,027,771	49	25	26

Wales

Executive Council	Number on Lists	Percentage on Lists of 1-2,500	Percentage on Lists of 2,501-3,000	Percentage on Lists of over 3,000
Anglesey	49,113	88	12	—
Brecon	53,363	76	23	1
Cardiff	250,150	49	34	17
Cardigan	51,739	94	6	—
Carmarthen	167,682	85	15	—
Caernarvon	120,508	88	6	6
Denbigh and Flint	311,371	75	13	12
Glamorgan	715,003	58	26	16
Merthyr	59,365	62	32	6
Merioneth	37,353	100	—	—
Monmouth and Newport	417,117	46	34	20
Montgomery	43,806	89	11	—
Pembroke	89,723	89	7	4
Radnor	18,366	90	10	—
Swansea	160,086	58	23	19
Total (Wales)	2,544,745	65	22	13
Total (England)	41,027,771	49	25	26
Total (England and Wales)	43,572,516	50	25	25

TABLE H—Percentages of Patients on Lists of various Sizes in areas : grouped according to percentages of patients on lists of 3,000 and over in 1954
English Counties

Percentage of National Health Service Patients on Lists of 3,000 or over in 1954	Year	1-2,500	2,501-3,000	3,000 and over
0-9	1954	78	17	5
	1955	75	18	7
	1956	77	15	8
10-19.. .. .	1954	64	21	15
	1955	61	25	14
	1956	62	22	16
20-29.. .. .	1954	51	24	25
	1955	52	26	22
	1956	53	26	21
30 and over	1954	41	24	35
	1955	42	26	32
	1956	43	26	31

English County Boroughs

0-9	1954	71	23	6
	1955	68	21	11
	1956	61	26	13
10-19.. .. .	1954	50	36	14
	1955	48	30	22
	1956	47	29	24
20-29.. .. .	1954	44	30	26
	1955	46	29	25
	1956	48	29	23
30-39.. .. .	1954	35	28	37
	1955	37	29	34
	1956	39	29	32
40-49.. .. .	1954	35	24	41
	1955	35	28	37
	1956	40	23	37
50-59.. .. .	1954	23	23	54
	1955	25	25	50
	1956	27	25	48
60 and over	1954	18	18	64
	1955	26	18	56
	1956	24	20	56

Welsh Counties

0-9	1954	89	9	2
	1955	87	11	2
	1956	88	10	2
10-19.. .. .	1954	72	16	12
	1955	77	9	14
	1956	75	13	12
20-29.. .. .	1954	54	20	26
	1955	56	24	20
	1956	58	26	16
30-39.. .. .	1954	48	22	30
	1955	52	26	22
	1956	46	34	20

Welsh Boroughs

20-29.. .. .	1954	50	26	24
	1955	48	32	20
	1956	49	34	17
30-39.. .. .	1954	51	18	31
	1955	54	22	24
	1956	59	26	15

TABLE J—Medical Practices advertised as vacant during the year ended 31st December, 1956
Classified according to (i) size of list of previous doctor and (ii) number of applications received

Number of Applications received	Number of Patients on List of previous Doctor						
	500 to 999	1,000 to 1,499	1,500 to 1,999	2,000 to 2,499	2,500 to 2,999	3,000 to 3,500	Over 3,500
Under 10	—	Hastings (Hastings E.C.) Hazel Grove (Cheshire E.C.) Beaufort, Ebbw Vale (Monmouth and Newport E.C.)	—	—	—	—	—
10-19	Lewes (East Sussex E.C.)	Sale (Cheshire E.C.) Aberystwyth (Monmouth and Newport E.C.) Wincobank (Stafford E.C.) Rotherham (Rotherham E.C.) Grimsby (Grimsby E.C.)	Rhondda (Glamorgan E.C.) Saxelby (Derbyshire E.C.)	Rotherham (Rotherham E.C.)	—	—	—
20-29	Castleford (Yorkshire, W.R.) Dagford (London E.C.) Newham (Yorkshire, N.R.) Bowness-on-Windermere (Westmorland E.C.) Oadby (Leicestershire and Rutland E.C.)	Heston and Isleworth (Middlesex E.C.) Prestatyn (Denbigh and Flint E.C.) Porthmouth (Porthmouth E.C.) Whitley Bay (Northumberland E.C.) Harrrogate (Yorkshire, W.R.) Walton (Liverpool E.C.)	Ruthin (Denbigh and Flint E.C.) Batham (London E.C.) Lambeth (London E.C.) Dewsbury (Dewsbury E.C.) Blackburn (Blackburn E.C.) Castleford (Yorkshire, W.R.) Small Heath (Birmingham E.C.) St. Helens (St. Helens E.C.) Bourley (Bourley E.C.)	—	—	—	—
30-39	Newmarket (Suffolk E.C.) Telford (Shropshire E.C.) Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.)	Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.)	Telford (Shropshire, W.R.) Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.) Barnham (London E.C.)	Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.)	East Ham (East Ham E.C.) East Ham (East Ham E.C.) East Ham (East Ham E.C.) East Ham (East Ham E.C.) East Ham (East Ham E.C.)	Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.) Huddersfield (Huddersfield E.C.)	—

40-49 ..	St. Marylebone South (London E.C.)	Chisleham (London E.C.) Blackpool South (Blackpool E.C.)	Portsmouth (Portsmouth E.C.) St. Pancras (London E.C.) Wimbledon (London E.C.) Portsmouth (Portsmouth E.C.)	Ulford (Ulford E.C.) Lancaster (Lancaster E.C.) Ulford (Ulford E.C.) Mickham (Mickham E.C.) Ulford (Ulford E.C.) Barnet (Barnet E.C.) Linton, Lindsey (Linton, Lindsey E.C.) Lambeth (Lambeth E.C.)	Burscough (Burscough E.C.) Hucknall (Nottingham County and City E.C.) Lewisham (Lewisham E.C.)	Castleson (Castleson E.C.)	Darlington (Darlington E.C.)
50-59 ..	Didcot (Didcot E.C.)	Newbury (Newbury E.C.)	Uffculme (Uffculme E.C.) Devon and Exeter (Devon and Exeter E.C.)	Langdon Hills (Langdon Hills E.C.) West Ham (West Ham E.C.)	Burscough (Burscough E.C.) Hucknall (Nottingham County and City E.C.) Lewisham (Lewisham E.C.)	Spelthorpe (Spelthorpe E.C.)	Darlington (Darlington E.C.)
60-69 ..	—	—	Malden and Coombe (Malden and Coombe E.C.)	Bath (Bath E.C.)	—	—	—
70-79 ..	—	—	Cole Castle (Cole Castle E.C.) Fairford and Larchfield (Fairford and Larchfield E.C.) Gloucester County and City E.C.	Yalding (Yalding E.C.) Beckenham (Beckenham E.C.) Great Yarmouth (Great Yarmouth E.C.)	—	Camberwell (Camberwell E.C.)	—
80-89 ..	—	—	Highbridge (Highbridge E.C.)	Silloth (Silloth E.C.) Bath (Bath E.C.) Tunbridge Wells (Tunbridge Wells E.C.)	—	—	Retford (Retford E.C.)
90-100 ..	—	—	—	—	—	—	—
Over 100 ..	—	—	Binfield (Binfield E.C.)	Prigmore (Prigmore E.C.)	Amersham (Amersham E.C.)	—	St. Mary Cray and Orpington (St. Mary Cray and Orpington E.C.) Widmore (Widmore E.C.) (Late of Ely E.C.)

TABLE K—Prescribing Costs in each Executive Council Area during 1956

Executive Council	Average Cost per Prescription	Number of Prescriptions per Person on Doctors' Prescribing Lists	Total Cost per Person on Doctors' Prescribing Lists
ENGLAND	<i>Pence</i>		<i>Pence</i>
Barnsley	54.03	6.46	349
Barrow	63.18	7.08	447
Bath	60.19	5.87	353
Bedfordshire	64.36	4.85	312
Berkshire	65.61	4.04	265
Birkenhead	60.32	6.51	393
Birmingham	52.87	5.44	288
Blackburn	67.52	6.81	460
Blackpool	65.81	6.76	445
Bolton	58.95	5.87	346
Bootle	53.75	5.29	284
Bournemouth	69.88	6.72	470
Bradford	57.84	6.07	351
Brighton	63.73	5.80	370
Bristol	57.39	5.68	326
Buckinghamshire	61.60	4.50	277
Burnley	60.13	7.09	426
Burton	59.00	5.43	320
Bury	58.55	6.50	381
Cambridgeshire	62.38	4.18	261
Carlisle	60.12	5.87	353
Cheshire	59.20	5.38	318
Chester	62.71	6.70	420
Cornwall	69.34	5.72	397
Coventry	56.98	4.80	274
Croydon	60.45	5.89	356
Cumberland	59.60	5.10	304
Darlington	61.38	5.49	337
Derby	60.41	6.14	371
Derbyshire	57.10	5.17	295
Devon and Exeter	64.74	5.78	374
Dewsbury	57.09	6.52	372
Doncaster	61.50	6.45	397
Dorset	64.83	5.35	347
Dudley	53.33	5.52	294
Durham	59.17	5.51	326
Eastbourne	66.27	6.23	413
East Ham	53.82	5.50	296
Essex	59.55	5.47	326
Gateshead	60.40	5.03	304
Great Yarmouth	64.08	5.01	321
Grimsby	58.68	4.88	291
Gloucester City and County	59.42	4.63	275
Halifax	60.44	5.58	337
Hampshire	63.13	4.57	289
Hastings	65.25	5.39	352
Herefordshire	58.95	4.44	262
Hertfordshire	62.32	4.69	292
Huddersfield	60.88	5.74	349
Huntingdonshire	55.49	3.49	194
Ipswich	63.98	5.07	324
Isle of Ely	56.57	5.69	322
Isles of Scilly	84.78	4.11	348
Isle of Wight	62.27	6.14	382
Kent and Canterbury	61.05	5.14	314
Kingston-upon-Hull	57.86	6.74	390
Lancashire	59.08	5.62	332
Leeds	53.72	6.29	338

TABLE K—(continued)

Executive Council	Average Cost per Prescription	Number of Prescriptions per Person on Doctors' Prescribing Lists	Total Cost per Person on Doctors' Prescribing Lists
ENGLAND	<i>Pence</i>		<i>Pence</i>
Leicester	64.15	5.18	332
Leicestershire and Rutland ..	60.20	4.05	244
Lincoln	60.72	6.25	380
Lincoln, Holland	53.97	4.76	257
Lincoln, Kesteven	55.38	4.74	263
Lincoln, Lindsey	65.20	5.10	333
Liverpool	52.39	7.47	391
London	56.97	5.88	335
Manchester	60.12	7.25	436
Middlesbrough	57.97	4.80	278
Middlesex	63.94	5.46	349
Newcastle-upon-Tyne	64.72	6.43	416
Norfolk	62.45	4.34	271
Northampton	53.57	5.88	315
Northamptonshire	58.04	3.95	229
Northumberland	63.82	5.35	341
Norwich	58.05	5.46	317
Nottingham City and County	57.05	5.35	305
Orkham	54.22	7.17	389
Oxford City and County ..	64.77	4.38	284
Plymouth	63.42	5.90	374
Portsmouth	61.89	5.54	343
Preston	63.21	6.96	440
Reading	62.49	5.90	369
Rochdale	61.35	6.22	382
Rotherham	52.83	7.10	375
St. Helens	54.33	5.87	319
Salford	54.12	7.02	380
Salop	57.20	5.32	304
Sheffield	51.68	6.04	312
Southwick	57.10	6.11	349
Soke of Peterborough ..	62.02	6.23	386
Somerset	62.50	5.11	319
Southend	59.35	6.10	362
Southampton	67.11	4.73	317
Southport	60.73	6.12	372
South Shields	59.89	7.05	422
Staffordshire	55.39	4.79	265
Stockport	62.64	6.56	411
Stoke on Trent	52.86	6.80	359
Suffolk, East	61.96	4.23	262
Suffolk, West	62.15	5.41	336
Sunderland	54.68	6.58	360
Surrey	64.71	4.52	292
Sussex, East	64.16	5.31	341
Sussex, West	67.43	4.96	334
Tynemouth	63.94	4.21	269
Wakefield	57.67	7.99	461
Walsley	64.48	6.02	388
Walsall	50.08	5.99	300
Warrington	57.63	8.29	478
Warwickshire	60.95	4.43	270
West Bromwich	48.77	5.55	271
West Ham	47.72	6.54	312
West Hartlepool	67.22	5.74	386
Westmorland	63.06	6.21	392
Wigan	53.88	8.99	484
Wiltshire	61.12	4.55	278

TABLE K—(continued)

Executive Council	Average cost per Prescription	Number of Prescriptions per Person on Doctors' Prescribing Lists	Total cost per Person on Doctors' Prescribing Lists
ENGLAND	<i>Pence</i>		<i>Pence</i>
Wolverhampton	57.36	5.34	306
Worcester	59.34	4.70	279
Worcestershire	57.76	4.55	263
York	63.74	6.23	397
Yorkshire, E.R.	64.72	5.49	355
Yorkshire, N. R.	58.52	4.92	288
Yorkshire, W. R.	56.27	5.23	294
WALES			
Anglesey	54.70	7.43	406
Brecon	61.33	6.10	374
Caernarvon	60.29	8.49	512
Cardiff	62.35	6.30	393
Cardigan	60.99	6.95	424
Carmarthen	57.83	6.50	376
Denbigh and Flint	55.84	6.50	363
Glamorgan	59.54	7.00	417
Merthyr	58.72	7.56	444
Merioneth	61.49	6.73	414
Monmouth and Newport	62.11	6.62	411
Montgomery	59.16	4.68	277
Pembrokeshire	60.75	5.86	356
Radnorshire	54.09	4.53	245
Swansea	59.47	7.07	420

APPENDIX XVII General Dental Services

TABLE A
*Number and Average Cost of Courses of Dental Treatment under General Dental Services
Each Quarter—1953-56*

	Courses of treatment completed*					Emergency treatment, number of cases (6, 7)	Total courses of treatment and emergency cases (cols. 4 and 7)	All treatments		Courses of treatment submitted for prior approval
	(1)	(2) 000's	(3) Number completed after prior approval	(4) Total number of courses	(5) Average cost per course to public funds	(6) Average contribution by patients		(8) £	(9) Average contribution by patients	
1953 1st Quarter	..	1,293	360	1,653	2-9	0-9	425	2,078	2-4	380
2nd Quarter	..	1,295	357	1,652	2-9	1-0	412	2,063	2-4	351
3rd Quarter	..	1,276	336	1,612	2-9	1-0	427	2,039	2-4	346
4th Quarter	..	1,377	378	1,755	2-8	0-9	440	2,195	2-4	380
1954 1st Quarter	..	1,442	357	1,799	2-9	0-9	455	2,254	2-4	394
2nd Quarter	..	1,468	383	1,851	2-9	0-9	465	2,316	2-4	388
3rd Quarter	..	1,408	359	1,767	2-8	0-9	476	2,243	2-4	364
4th Quarter (14 weeks)	..	1,586	438	2,024	2-8	0-9	499	2,523	2-3	415
1955 1st Quarter	..	1,554	363	1,922	2-8	0-9	484	2,406	2-3	422
2nd Quarter	..	1,577	386	1,973	3-1†	0-9	491	2,464	2-7‡	413
3rd Quarter	..	1,532	382	1,914	3-3	0-9	500	2,434	2-8	393
4th Quarter	..	1,660	446	2,106	3-2	0-9	514	2,620	2-7	422
1956 1st Quarter	..	1,681	388	2,069	3-3	0-9	508	2,577	2-9	443
2nd Quarter	..	1,769	433	2,202	3-2	0-9	529	2,731	2-8	456
3rd Quarter	..	1,650	402	2,052	3-3	0-9	527	2,579	2-8	407
4th Quarter	..	1,812	484	2,296	3-1	0-8	557	2,853	2-6	451

* A course of treatment is normally completed within six months of commencement or within twelve months where it includes extractions and provision of dentures.

† The prior approval of the Dental Estimates Board is required before a dentist may begin treatment of certain types, including extractions necessitating the supply of dentures, prosthetic treatment, orthodontic treatment, oral surgery, except that in emergency, treatment may be commenced without prior approval. The greater part of these estimates relates to the provision of dentures. It is known that dentists have not proceeded with the treatment in some instances after prior approval has been given, but no estimate of the number of such cases can be made.

‡ A 10 per cent reduction in scale fees which had operated on all work undertaken after 30th April, 1950, was cancelled in respect of payments authorised as from 1st May, 1955.

TABLE B—Fees authorised by the Dental Estimates Board for Courses of Treatment completed, 1953–56
Classified by age of patient and type of treatment provided

Age of patient	Type of treatment	1953			1954			1955			1956		
		Total fees authorised (3)	Amount payable by patients* (4)	Balance payable by executive councils (5)	Total fees authorised (6)	Amount payable by patients* (7)	Balance payable by executive councils (8)	Total fees authorised (9)	Amount payable by patients* (10)	Balance payable by executive councils (11)	Total fees authorised (12)	Amount payable by patients* (13)	Balance payable by executive councils (14)
Up to 14	Diagnosis ..	360		360	460		460	580		580	710		710
	Conservation and orthodontics ..	1,800		1,800	2,380		2,380	3,090		3,090	3,770		3,770
	Extractions ..	370		370	430		430	630		630	700		700
	Dentures ..	20	10	10	20	10	10	20	10	10	30	20	10
	Total ..	2,550	10	2,540	3,290	10	3,280	4,320	10	4,310	5,210	20	5,190
15–20 ..	Diagnosis ..	250		250	300		300	360		360	400		400
	Conservation and orthodontics ..	2,660		2,660	3,080		3,080	3,610		3,610	3,950		3,950
	Extractions ..	190		190	240		240	250		250	270		270
	Dentures ..	200	100	100	220	110	110	230	110	120	270	130	140
	Total ..	3,300	100	3,200	3,840	110	3,730	4,450	110	4,340	4,890	130	4,760

21-44	Diagnosis Extractions Dentures..	7,240 7,240 960 4,040	1,460 1,460 1,970	730 5,780 770 2,070	820 7,410 980 4,270	30 1,270 200 2,070	720 6,060 780 2,200	940 8,470 1,090 4,680	260 1,680 210 2,130	910 6,090 880 2,350	1,080 9,210 1,170 4,970	40 1,730 210 2,290	1,040 7,960 960 2,680
	Total ..	12,990	3,640	9,350	13,700	3,870	9,830	15,380	4,050	11,330	16,930	4,270	12,660
45 and over	Diagnosis	270	10	260	290	10	280	330	10	320	370	10	360
	Conservation Extractions Dentures..	1,250 390 4,480	310 100 2,190	940 290 2,290	1,290 440 4,720	350 130 2,300	940 310 2,420	1,490 450 5,260	420 130 2,380	1,070 320 2,880	1,700 480 5,820	390 110 2,680	1,310 370 3,160
	Total ..	6,390	2,610	3,780	6,740	2,790	3,950	7,530	2,940	4,590	8,370	3,190	5,180
All Ages	Diagnosis	1,630	30	1,600	1,870	40	1,830	2,210	40	2,170	2,560	50	2,510
	Conservation and orthodontics .. Extractions .. Dentures..	12,950 1,910 8,740	1,770 290 4,270	11,180 1,620 4,470	14,380 2,090 9,230	1,920 330 4,490	12,460 1,760 4,740	16,860 2,420 10,190	2,100 340 4,630	14,760 2,080 5,560	19,130 2,620 11,090	2,120 320 5,120	17,010 2,300 5,970
	Total ..	25,230	6,360	18,870	27,570	6,780	20,790	31,680	7,110	24,570	35,400	7,610	27,790

Notes.—(1) The statement does not include treatment provided under the emergency procedure.

(2) The total fees authorised for payment in each period would not actually have been paid in the same period: some small part would be paid in the succeeding period. The total expenditure on the service in each period would also include expenditure on other items, e.g. superannuation.

(3) Diagnosis comprises examination (including any X-rays) of the patient and the report. Conservation includes fillings, scaling, crowns, root treatment etc.

(4) Fees authorised before 1st May, 1955, were reduced by 10 per cent. of the scale rates.

* Indicates that the amounts payable by patients under the Act of 1952 have been apportioned among the items of treatment for which a charge is payable though they are not contributions specifically to any item, but to the cost of the whole course of treatment.

TABLE C—Estimated Amount of Fees authorised for Items of Treatment completed during 1955 and 1956

	Amount of fees		Percentage of fees	
	1955*	1956	1955	1956
	£000	£000		
Examination and report	1,863	2,123	5.6	5.7
X-ray and report	348	435	1.0	1.1
Scaling and gum treatment	1,826	2,018	5.5	5.4
Fillings in permanent teeth	13,107	14,928	39.4	40.2
Conservation of deciduous teeth	493	543	1.5	1.5
Root treatment	140	137	0.4	0.4
Crowning†	201	229	0.6	0.6
Inlays†	225	251	0.7	0.7
Orthodontic treatment†	580	667	1.7	1.8
Apicectomy, gingivectomy and alveolectomy†	44	46	0.1	0.1
Arrest of bleeding	25	29	0.1	0.1
Dressing of teeth in emergency	19	24	0.06	0.06
Extraction of permanent teeth	1,479	1,630	4.5	4.4
Extraction of deciduous teeth	442	482	1.3	1.3
General anaesthetic	1,127	1,227	3.4	3.3
Removal of cysts, buried roots and impacted teeth†	132	147	0.4	0.4
Provision of plastic and vulcanite dentures†	9,363	10,206	28.1	27.5
Relining of dentures	268	301	0.8	0.8
Repairs to dentures	985	1,003	3.0	2.7
Additions to dentures	226	255	0.7	0.7
Provision and repair of metal dentures†	144	155	0.4	0.4
Domiciliary visits	12	13	0.04	0.04
Other treatment	238	297	0.7	0.4
Total	33,287	37,146	100	100

* Fees authorised before 1st May, 1955, were reduced by 10 per cent. of the scale rates.

† The prior approval of the Board is required for these items and for extractions necessitating dentures.

TABLE D—Emergency Treatment given during 1956

Type of treatment	Number of treatments			
	Age of patient			Total
	0-14	15-20	Over 20	
	000's	000's	000's	000's
Extractions (number of cases)	657	410	179	1,246
(Accompanied by general anaesthetic) ..	(509)	(187)	(70)	(766)
(Accompanied by radiographs)	(1)	(1)	(1)	(3)
Denture repairs	2	11	792	805
Arrest of bleeding	3	4	6	13
Dressings of teeth (number of cases) ..	35	15	7	57
Total	697	440	984	2,121

TABLE E—Number of Courses of Treatment (excluding emergency treatment) for which Payment was claimed in 1955 and 1956 : classified by age of patients

	Ages 0-14				Ages 15-20				Ages 21-44			Age 45 and over		
	Number of courses	Percentage of total courses	Increase in number over corresponding quarter of previous year		Number of courses	Percentage of total courses	Increase in number over corresponding quarter of previous year		Number of courses	Percentage of total courses	Increase in number over corresponding quarter of previous year	Number of courses	Percentage of total courses	Increase in number over corresponding quarter of previous year
	000's		000's		000's		000's		000's		000's	000's		000's
1955 1st Quarter	520	27	70		300	16	20		800	41	30	300	16	—
2nd Quarter	560	28	80		310	16	30		790	40	10	310	16	—
3rd Quarter	550	28	80		290	15	30		780	40	40	320	17	30
4th Quarter	610	29	50		320	15	10		850	40	30	330	16	—
1956 1st Quarter	590	29	70		320	15	20		830	40	30	330	16	30
2nd Quarter	650	29	90		320	15	10		880	40	90	350	16	40
3rd Quarter	610	30	60		300	15	10		810	39	30	330	16	10
4th Quarter	710	31	100		340	15	20		910	39	60	340	15	10

TABLE F—Number of Courses of Treatment, (included in Table E) given to Expectant and Nursing Mothers in 1955 and 1956

	Number of courses	Percentage of total courses	Increase in number corresponding quarter of previous year
	000's		000's
1955 1st Quarter ..	87	4.5	Not known
2nd Quarter ..	81	4.1	5
3rd Quarter ..	84	4.3	10
4th Quarter ..	91	4.3	3
1956 1st Quarter ..	89	4.3	2
2nd Quarter ..	96	4.4	15
3rd Quarter ..	89	4.3	5
4th Quarter ..	103	4.5	12

TABLE G—Number of Patients supplied with Dentures, having Relining, Repairs or Additions to Dentures, 1953-56

	1953	1954	1955	1956
	000's	000's	000's	000's
Total patients supplied with dentures	1,130	1,190	1,210	1,218
Patients supplied with full upper and lower dentures	530	565	585	607
(a) for the first time	280	320	320	318
(b) in replacement	250	245	265	289
Other patients supplied with dentures	600	625	625	611
Patients whose dentures were				
relined	100	110	100	119
repaired	930	960	980	988
added to	150	160	160	171

APPENDIX XVIII
Supplementary Ophthalmic Services
Statistics—each quarter 1954-56

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Number of sight-tests given	Number of sight-tests in which glasses were prescribed and proportion of total numbers of sight-tests	Number of pairs of glasses authorised	Number of pairs supplied	Sight-testing fees paid to ophthalmic medical practitioners and ophthalmic opticians	Payments to opticians for supply and repair of glasses by executive councils
1954 1st Quarter	1,100,481	958,670 (87.1%)	1,102,968	956,547	761,942	949,580
2nd Quarter	1,058,065	915,112 (86.5%)	1,073,684	966,986	851,468	965,151
3rd Quarter	1,106,983	968,406 (87.5%)	1,143,880	950,834	780,837	939,929
4th Quarter	1,175,722	1,028,015 (87.5%)	1,203,962	1,120,961	950,326	1,058,014
1955 1st Quarter	1,132,056	986,377 (87.1%)	<i>Cases</i> 997,876	<i>Number paid for Cases Pairs</i> 868,449 988,076	792,323	1,040,286
2nd Quarter	1,122,293	974,162 (86.8%)	967,816	868,872 993,910	858,538	1,013,155
3rd Quarter	1,215,916	1,076,311 (88.5%)	1,063,137	843,542 977,299	832,316	994,038
4th Quarter	1,299,241	1,144,906 (88.1%)	1,151,277	1,079,929 1,248,803	1,087,355	1,245,120
1956 1st Quarter	1,185,496	1,037,538 (87.5%)	1,032,179	969,761 1,103,528	834,246	1,151,324
2nd Quarter	1,226,481	1,068,935 (87.1%)	1,067,656	924,524 1,055,448	919,888	1,098,806
3rd Quarter	1,208,388	1,061,389 (87.8%)	1,056,289	919,350 1,064,317	888,783	1,108,146
4th Quarter	1,306,697	1,141,362 (87.3%)	1,144,021	1,052,402 1,208,325	1,053,390	1,242,325

APPENDIX XX

Disciplinary Action

**TABLE A—Service Committee Cases in England and Wales
reported to the Minister and Decisions issued 1954–56
Classified by type of case and branch of Practitioner Service**

Service	Recommendations received from Executive Council			Decisions by Minister or Tribunal			
		Number in			Number in		
		1954	1955	1956	1954	1955	1956
General Medical	Removal from List	2	3	1	2	1	1†
	Withholding Money	79	60	44	77	61	45
	Other Action* ..	8	10	4	9	8	13
	Warning Letters ..	37	30	30	44	30	27
	No Action	233	281	248	249	278	249
	Total	359	384	327	381	378	335
	Under consideration at end of period..	49	55	47	—	—	—
General Dental	Removal from List	4	1	1	3†	4	—
	Withholding Money	55	67	76	53	69	67
	Other Action* ..	123	111	113	133	110	111
	Warning Letters ..	35	33	42	40	50	45
	No Action	268	289	245	287	300	237
	Total	485	501	477	516	533	460
	Under consideration at end of period..	83	51	68	—	—	—
Pharmaceutical	Removal from List	—	—	—	—	—	—
	Withholding Money	232	186	181	236	206	188
	Other Action* ..	1	—	1	3	1	2
	Warning Letters ..	228	245	250	237	256	277
	No Action	104	128	132	105	99	106
	Total	565	559	564	581	562	573
	Under consideration at end of period..	75	72	63	—	—	—
Supplementary Ophthalmic	Removal from List	—	—	1	—	—	—
	Withholding Money	9	8	5	9	4	9
	Other Action* ..	5	5	—	7	3	—
	Warning Letters ..	6	5	3	6	6	3
	No Action	10	18	7	16	15	12
	Total	30	36	16	38	28	24
	Under consideration at end of period..	5	13	5	—	—	—
Grand Total	Removal from List	6	4	3	5†	5	1†
	Withholding Money	375	321	306	375	340	309
	Other Action* ..	137	126	118	152	122	126
	Warning Letters ..	306	313	325	327	342	352
	No Action	615	716	632	657	692	604
	Total all cases ..	1,439	1,480	1,384	1,516	1,501	1,392
	Under consideration at end of period..	212	191	183	—	—	—

* (a) Reimbursement by practitioner of patient's expenses.

(b) Fixing Special List for doctor.

(c) Withholding from practitioner the cost of unsatisfactory work; where a larger withholding is proposed, the case comes under withholding of money.

(d) Requiring dentist to submit all estimates for prior approval.

Cases where more than one recommendation is made, are included only under the more serious of the recommendations.

† One respondent allowed to resign before case went forward to Tribunal.

‡ The Executive Council was allowed to withdraw its representations, the practitioner having given an undertaking to resign.

TABLE B—Service Committee Cases in England and Wales, 1954-56
Action taken by the Minister on Appeals against Decisions of Executive Councils

Respondents taking part in :—	Number of appeals made			Number of appeals allowed		
	1954	1955	1956	1954	1955	1956
General Medical Service	43	46	29	6	8	4
General Dental Service	43	70	37	7	8	7
Pharmaceutical Service	7	8	7	2	3	1
Supplementary Ophthalmic Service	7	3	7	3	—	4
Totals	100	127	80	18	19	16

TABLE C—Service Committee Cases in England and Wales in which the Minister has varied Decisions of Executive Councils, 1954-56

Respondents taking part in :—	Total number of cases			Number of cases in which decisions varied			Number of cases in which decisions endorsed		
	1954	1955	1956	1954	1955	1956	1954	1955	1956
General Medical Service	381	378	335	31	30	31	350	348	304
General Dental Service ..	516	533	460	50	58	47	466	475	413
Pharmaceutical Service ..	581	562	573	38	65	77	543	497	496
Supplementary Ophthalmic Service	38	28	24	11	3	8	27	25	16
Totals	1,516	1,501	1,392	130	156	163	1,386	1,345	1,239

TABLE D.—Service Committee Cases in England and Wales in which the Minister directed
Withholdings from Remuneration due to Respondent Practitioners, 1955 and 1956,
Classified by amounts withheld

Amount withheld :—	Respondents taking part in :—							
	General Medical Service		General Dental Service		Pharmaceutical Service		Supplementary Ophthalmic Service	
	1955	1956	1955	1956	1955	1956	1955	1956
Up to and including 5 gns. 	15	3	19	17	168	160	—	2
Over 5 gns. and up to and including 10 gns. 	12	9	14	16	31	14	—	2
Over 10 gns. and up to and including 25 gns. 	10	13	16	17	5	10	3	3
Over 25 gns. and up to and including 50 gns. 	15	8	11	14	—	1	—	—
Over 50 gns. and up to and including 100 gns. 	4	7	5	3	1	1	—	2
Over 100 gns. and up to and including 250 gns. 	3	4	3	—	1	2	1	—
Over 250 gns. 	2	1	1	—	—	—	—	—
Total number of withholdings	61	45	69	67	206	188	4	9

TABLE E—Service Committee Cases in England and Wales in which the Minister has varied Decisions by Executive Councils on Withholdings from Remuneration, showing the Number of Cases in which the Variation has resulted from an Appeal to the Minister, 1954–56

Respondent taking part in :—	Number of cases in which withholding was varied (1)			Number of cases in which withholding was increased (2)			Number of cases in which withholding was decreased (3)			Number of cases in column (1) in which the withholding was varied following an appeal (4)		
	1954	1955	1956	1954	1955	1956	1954	1955	1956	1954	1955	1956
General Medical Service	25	23	18	8	5	6	17	18	12	6	5	3
General Dental Service	24	31	25	9	12	9	15	19	16	3	6	3
Pharmaceutical Service	26	40	41	6	24	24	20	16	17	3	2	1
Supplementary Ophthalmic Service ..	8	2	7	1	1	1	7	1	6	3	1	3
Totals	83	96	91	24	42	40	59	54	51	15	14	10

APPENDIX XXI

Local Health Authorities' Arrangements for the Care of Mothers and Young Children

Ante-natal and Post-natal Clinics

	1954		1955		1956	
1. Number of clinics provided at end of year :—						
(a) Ante-natal (by local health authorities)	1,961		1,996		1,955	
Ante-natal (by voluntary organisations)	35		35		35	
	1,996		2,031		1,990	
(b) Post-natal (by local health authorities)	226		248		236	
Post-natal (by voluntary organisations)	7		6		5	
	233		254		241	
2. Number of sessions held per month :—	Medical Officers' sessions	Mid-wives' sessions	Medical Officers' sessions	Mid-wives' sessions	Medical Officers' sessions	Mid-wives' sessions
(a) Ante-natal (by local health authorities)	7,834	2,158	7,635	2,360	7,496	2,513
Ante-natal (by voluntary organisations)	129	81	112	74	117	80
	7,963	2,239	7,747	2,434	7,613	2,593
(b) Post-natal (by local health authorities)	675	4	795	16	745	16
Post-natal (by voluntary organisations)	23	4	16	4	14	7
	698	8	801	20	759	23
3. Number of women who attended during the year :—						
(a) Ante-natal (at local health authority clinics)	319,449		305,166		315,701	
Ante-natal (at voluntary clinics)	11,420		7,512		8,486	
	330,869		312,678		324,187	
(b) Post-natal* (at local health authority clinics)	52,768		44,721		45,211	
Post-natal (at voluntary clinics)	1,642		1,191		1,342	
	54,410		45,912		46,553	
4. Number of new cases included in 3 above† :—						
(a) Ante-natal (at local health authority clinics)	244,917		237,226		247,699	
Ante-natal (at voluntary clinics)	5,186		5,955		7,110	
	250,103		243,181		254,809	
(b) Post-natal* (at local health authority clinics)	48,332		41,468		42,192	
Post-natal (at voluntary clinics)	1,128		1,006		1,109	
	49,460		42,474		43,301	

* These figures include women examined post-natally at ante-natal clinics.

† For ante-natal clinics, these are women who had not previously attended any clinic during the current pregnancy, and for post-natal clinics they are women who had not previously attended any post-natal clinic after the last confinement.

Local Health Authorities' Arrangements for the Care of Mothers and Young Children—continued

Ante-natal and Post-natal Clinics—continued

	1954		1955		1956	
	Medical Officers' sessions	Mid-wives' sessions	Medical Officers' sessions	Mid-wives' sessions	Medical Officers' sessions	Mid-wives' sessions
5. Total number of attendances :—						
(a) Ante-natal (at local health authority clinics)	1,153,238	269,776	1,079,850	275,816	1,075,465	312,328
Ante-natal (at voluntary clinics)	22,153	12,499	20,246	12,240	22,789	13,400
	1,175,391	282,275	1,100,096	288,056	1,098,254	325,728
(b) Post-natal* (at local health authority clinics)	64,801	659	54,846	271	53,811	9
Post-natal (at voluntary clinics)	1,721	47	1,289	4	1,423	11
	66,522	706	56,135	275	55,234	20

* These figures include women examined post-natally at ante-natal clinics.

Child Welfare Centres

	1954	1955	1956
1. Number of centres provided at end of year :—			
(a) by local health authorities	5,151	5,246	5,331
(b) by voluntary organisations	344	329	326
	5,495	5,575	5,657
2. Number of sessions held per month :—			
(a) by local health authorities	22,075	22,541	22,965
(b) by voluntary organisations	922	922	877
	22,997	23,463	23,842
3. Number of children who attended during the year :—			
(a) at local health authority clinics	1,254,330	1,247,094	1,276,652
(b) at voluntary clinics	49,932	49,199	48,886
	1,304,262	1,296,293	1,325,538
4. Total number of attendances during the year :—			
(i) under 1 year of age :—			
(a) at local health authority clinics	5,996,254	5,946,699	6,272,731
(b) at voluntary clinics	209,989	199,579	200,807
	6,206,243	6,146,278	6,473,538
(ii) 1 year of age but under 2 :—			
(a) at local health authority clinics	1,424,588	1,393,837	1,382,112
(b) at voluntary clinics	64,080	60,162	58,066
	1,488,668	1,453,999	1,440,178
(iii) 2 years of age but under 5 :—			
(a) at local health authority clinics	1,396,059	1,385,428	1,397,777
(b) at voluntary clinics	74,554	69,931	68,267
	1,470,613	1,455,359	1,466,044
(iv) Attendances which it has not been possible to allocate according to age	8,400	9,240	10,285

APPENDIX XXII

Ambulance Services

Definition of Terms used in the Tables

Agency Services are services provided by voluntary organisations who assume general responsibility for ambulance work over a definite part, or the whole, of an authority's area.

Supplementary Services are those where arrangements exist with voluntary organisations or other bodies for occasional use of ambulances or cars, as distinct from arrangements for a regular service on an agency basis, and include arrangements with the Hospital Car Service of voluntary drivers using their own cars, and arrangements with car hire firms.

Operational Staff covers station officers, drivers and attendants, radio control officers and telephonists and any officer who may be called upon to drive a vehicle.

Cost of Operational Staff includes employers' contributions to National Insurance and all superannuation charges, also all travelling and subsistence expenses and the cost of uniforms.

Running and Maintenance of Vehicles include wages of mechanics and cleaners and workshop expenses; alterations and adaptations of vehicles, cost of petrol and oil, licences and insurance, also equipment and renewal of equipment, such as blankets.

Provision of Vehicles relates to vehicles in use whose age did not exceed ten years on 31st March, 1956; expenditure is calculated on a notional basis, i.e., notional loan charges, assuming the original purchase price of the vehicle and its initial equipment to have been met in every case from ten years loan moneys borrowed at the rate of interest current at 31st March, 1956, loan charges being based on annuity repayments. A notional figure for any transferred vehicles is included where their age is less than ten years. Any income from sale of vehicles is applied to outstanding notional charges and any balance either way brought into account in the year of sale. A full year's notional charges are included for vehicles brought into use during the year.

Maintenance of Buildings, Furniture, etc., includes heating, lighting and cleaning, and rates and insurance but excludes cost of war damage repairs.

Provision of Land and Buildings is shown on a notional basis unless rent is paid. Notional loan charges on an annuity basis are calculated on the assumption that the initial capital cost was met from loan moneys borrowed at 31st March, 1956, for 60 years in the case of land or 30 years (or appropriate shorter period for temporary work) in the case of buildings; no charge is brought in for buildings not yet in operational use.

Other Expenditure includes administration and everything else not otherwise provided for.

Operational Vehicles excludes vehicles surplus to operational requirements awaiting disposal. Dual purpose vehicles carrying one stretcher are included as sitting-case cars.

Patient means one patient carried once in one direction, i.e. an out-patient taken to hospital and later taken home counts as two.

Voluntary Staff are calculated as the equivalent number of whole-time staff that would be required to carry out the duties undertaken.

Cumberland C. C.

The Agency Service was discontinued as from 1/8/55 and the four ambulances, owned by the garage proprietor, were purchased by the Council.

Dorset C. C.

One ambulance and one dual-purpose vehicle provided by the Council for the Agency Service.

Birkenhead C. B.

In addition, 1,383 calls for conveyance of equipment (gas and air machines) were undertaken. Ambulances replaced after 8 years—sitting-case vehicles after 7 years.

Birmingham C. B.

Some ambulances replaced in less than 10 years service.

Gloucester C. B.

The number of sitting-case vehicles includes one coach.

Lincoln C. B.

The Council's policy is to replace ambulances after 6 years and cars and dual-purpose vehicles after 4 years if not in good condition.

Manchester C. B.

The mileage includes 10,739 miles in respect of Corporation "Pool" cars engaged in sitting-case work.

Newcastle C. B.

The extent of casual service done on behalf of other local authorities is exceptionally large, although there is no regular service to a specific area of any other local authority. Consequently, no account has been taken of the population of this extended area in arriving at the cost per 1,000 population.

Southend-on-Sea C. B.

Two ambulances are used for infectious diseases only, and their use is, therefore, restricted.

The following authorities report that the Ambulance Service is combined wholly or partly with the Fire Service :—

Carmarthenshire C. C.	Birkenhead C. B.
Caernarvenshire C. C.	Birmingham C. B.
Hertfordshire C. C.	Burton-on-Trent C. B.
Huntingdon C. C.	Carlisle C. B.
Lincs., Lindsey C. C.	Darlington C. B.
Merioneth C. C.	Dudley C. B.
Middlesex C. C.	Rotherham C. B.
Pembrokeshire C. C.	Tynemouth C. B.
Barnsley C. B.	West Ham C. B.
Barrow-in-Furness C. B.	Wolverhampton C. B.
Bath C. B.	

NATIONAL HEALTH SERVICE
Ambulance ServicesTABLE A—Cost Statement for Year ended 31st March, 1956, for the whole Service and the Cost per Vehicle
Mile for the Service exclusive of Supplementary and Rail Services

Total number of patients	Total mileage	Average number of miles per patient	Number of patients carried per 1,000 population	Local health authority	Cost				Cost per patient	Cost per 1,000 population	Cost per vehicle mile for the service exclusive of supplementary and rail services
					Directly provided service	Agency service	Supplementary service	Rail			
					£	£	£	£	s. d.	£	s. d.
15,103,803	102,194,437	6.8	337	TOTALS AND AVERAGES FOR ALL AUTHORITIES	10,103,531	779,242	719,137	26,740	15 5	259	2 9
1,221,854	6,406,466	5.2	371	Ungranted Counties (special conditions apply)	849,091	46,096	50,095	4,190	15 6	288	3 9
804,502	4,395,373	5.5	357	London	643,056	—	33,593	815	16 10	301	3 11
				Middlesex	—	—	—	—	—	—	—
				Group I Counties (the more urbanised counties)	—	—	—	—	—	—	—
				England	—	—	—	—	—	—	—
219,037	1,697,002	7.7	262	Cheshire	190,910	—	12,198	78	18 7	242	2 7
201,986	1,641,986	8.1	305	Derbyshire	187,664	912	—	141	18 8	285	2 4
309,368	2,251,475	7.0	338	Durham	281,741	793	—	114	18 4	309	2 6
635,315	4,488,993	7.1	373	Essex	549,732	13,311	18,498	1,221	18 4	342	3 0
238,193	1,845,086	7.7	344	Hertfordshire	181,953	—	14,164	106	16 6	284	2 7
588,974	3,868,271	6.6	377	Kent	434,551	13,666	4,609	1,914	15 5	291	2 6
836,373	4,686,941	5.6	415	Lancashire	754,079	2,215	—	19	18 1	375	3 3
130,077	973,156	7.5	236	Nottinghamshire	149,213	—	—	84	22 11	271	3 1
237,578	1,679,546	7.1	267	Staffordshire	255,127	—	514	158	25 5	287	3 1
453,179	3,578,315	8.0	325	Surrey	261,549	71,619	58,179	1,438	17 4	282	3 6
170,386	1,203,312	7.1	327	Warwickshire	153,120	—	2,290	116	15 5	299	2 9
158,853	948,706	6.0	387	Worcestershire	60,097	7,102	9,541	239	9 8	188	2 3
475,925	3,346,430	7.0	308	Yorks., W. Riding	418,127	16,217	2,720	708	18 5	284	2 8

Ambulance Services

TABLE A—continued

Total number of patients	Total mileage	Average number of miles per patient	Number of patients carried per 1,000 population	Local health authority	Cost					Cost per patient	Cost per 1,000 population	Cost per vehicle mile for the service exclusive of supplementary and rail services
					Directly provided service	Agency service	Supplementary service	Rail	Total			
					£	£	£	£	£	s. d.	£	s. d.
284,537	1,683,881	5.9	383	<i>Wales</i>	211,992	—	163	387	212,542	14 11	286	2 7
4,939,781	33,893,100	6.9	342	Glamorgan	4,089,855	125,835	122,876	6,743	4,345,309	17 7	301	2 10
				Totals and averages for Group I								
				<i>England</i>								
94,519	786,676	8.3	304	Bedfordshire ..	78,590	392	5,918	39	84,939	18 0	273	2 7
63,459	1,027,355	16.2	217	Berkshire ..	52,334	—	18,536	43	70,913	22 4	243	2 2
153,173	1,290,565	8.4	362	Buckinghamshire ..	100,370	—	—	739	101,109	13 2	239	1 7
46,125	465,008	10.1	257	Cambridgeshire ..	25,778	—	10,213	14	36,005	15 7	200	2 2
139,535	1,490,759	10.7	411	Cornwall ..	110,449	5,630	8,926	844	125,849	18 0	370	2 0
79,166	737,773	9.3	355	Cumberland ..	23,573	1,685	26,059	19	51,336	13 0	230	2 0
121,131	2,210,140	18.2	229	Devonshire ..	—	78,753	47,678	408	126,839	20 11	240	2 7
114,268	987,031	8.6	376	Dorsetshire ..	54,996	1,828	16,363	394	73,581	12 10	242	2 5
18,558	242,114	13.0	209	Essex ..	7,460	2,079	6,227	6	15,772	17 0	178	2 3
137,245	1,275,165	9.1	353	Gloucestershire ..	104,473	—	10,466	226	115,165	14 8	259	2 1
30,855	314,063	11.7	241	Hampshire ..	—	22,028	5,153	192	27,181	17 2	207	1 1
14,004	140,000	10.0	276	Herefordshire ..	—	—	—	—	—	—	—	—

116,239	908,590	8-0	324	Lincolnshire	10,038
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Ambulance Services

TABLE A—continued

Total number of patients	Total mileage	Average number of miles per patient	Number of patients carried per 1,000 population	Local health authority	Cost					Cost per 1,000 population	Cost per vehicle mile for the service exclusive of supplementary and rail services
					Directly provided service	Agency service	Supplementary service	Rail	Total		
					£	£	£	£	£	s. d.	s. d.
Group 3 County Boroughs (the five largest County Boroughs)											
<i>England</i>											
356,105	1,927,846	5.4	320	Birmingham	280,357	—	4,326	345	285,028	16 0	3 2
249,539	959,861	4.0	492	Leeds	109,395	—	2,882	237	112,514	9 0	2 7
212,336	969,777	4.6	273	Liverpool	132,695	—	—	43	132,738	12 6	2 9
218,885	1,059,921	4.8	316	Manchester	134,358	—	4,196	96	138,650	12 8	3 0
147,901	588,172	3.9	265	Sheffield	81,771	—	—	78	81,849	11 1	2 10
1,184,766	5,505,577	4.6	325	Totals and averages for Group 3	738,596	—	11,404	799	750,779	12 8	2 11
Group 4 County Boroughs (the twelve next largest County Boroughs)											
<i>England</i>											
123,990	406,283	3.3	433	Bradford	45,594	—	—	28	45,622	7 4	3 3
153,510	836,007	5.0	315	Bristol	97,680	—	—	280	99,972	13 0	2 5
158,477	402,237	2.5	404	Coventry	72,123	—	2,002	167	72,290	12 1	2 5
166,427	423,246	2.6	404	Sheffield	71,813	—	—	—	71,813	12 1	2 5

113,870	432,499	3-8	380	Kington-upon-Hull	57,962	—	975	36	58,973	10	4	197	2	9
98,637	373,329	4-0	345	Leicester	64,807	729	—	199	65,735	13	4	230	3	10
151,965	779,951	5-1	541	Newcastle-on-Tyne	93,699	—	—	160	93,859	12	4	334	2	5
97,491	406,064	4-2	312	Nottingham	60,962	—	—	41	61,003	12	6	196	3	1
62,937	294,011	4-7	289	Plymouth	43,180	—	—	540	43,720	13	11	201	3	3
68,017	271,256	4-0	285	Portsmouth	35,965	—	262	109	36,336	10	9	152	2	10
77,688	411,293	5-3	284	Stoke-on-Trent	54,934	—	—	240	55,174	14	2	201	2	9
<i>Wales</i>														
65,102	287,247	4-4	262	Cardiff	34,327	—	—	126	34,653	10	8	140	5	6
1,233,511	5,330,917	4-3	358	Totals and averages for Group 4	732,946	729	3,239	1,936	738,850	12	0	214	2	10
<i>England</i>														
Group 5 County Boroughs (all other County Boroughs)														
38,317	139,972	3-7	193	Barnsley	25,561	—	—	—	25,561	13	4	129	3	8
13,477	82,349	6-0	206	Barrow-in-Furness	16,421	—	—	—	16,421	24	4	252	4	0
29,508	192,418	6-5	282	Bath	25,857	—	949	106	26,912	18	3	257	3	9
45,425	161,065	3-5	321	Birkenhead	34,335	—	—	11	34,346	15	1	242	4	3
33,505	138,475	4-0	286	Blackburn	26,581	—	—	18	26,599	15	10	227	3	10
42,888	282,637	6-6	291	Blackpool	21,097	14,273	1,143	19	36,532	17	0	248	2	8
52,133	168,543	3-2	296	Bolton	30,370	—	—	8	30,378	11	8	173	3	8
23,754	94,099	4-0	304	Boole	18,250	—	—	14	18,264	15	5	234	3	11
43,660	255,717	5-9	308	Bournemouth	22,964	132	—	238	25,604	11	9	181	3	1
68,271	334,272	4-9	430	Brighton	39,218	—	302	590	40,110	11	9	253	2	9
26,632	109,975	4-1	321	Burnley	18,588	—	—	1	18,589	14	0	224	3	5
20,927	101,599	4-8	327	Burton-on-Trent	14,208	—	77	10	14,295	13	8	223	2	10
21,401	109,910	5-1	368	Bury	18,443	—	—	6	18,449	17	3	317	3	4
27,307	155,568	5-7	469	Canterbury	18,160	—	231	27	18,418	13	6	316	2	6
37,331	121,311	3-2	543	Carlisle	16,082	—	—	41	16,723	8	11	243	3	1
17,408	82,082	4-7	298	Chester	12,960	—	—	—	12,960	14	11	222	3	2
28,946	137,861	4-8	282	Darlington	22,748	—	—	73	22,821	15	9	222	3	5
47,360	187,972	4-0	340	Derby	29,459	—	—	45	29,504	12	5	212	3	2
19,752	82,558	4-2	372	Dewsbury	11,829	—	—	20	11,849	12	0	223	2	11
18,481	109,946	5-9	223	Doncaster	22,065	—	—	18	22,083	23	11	266	4	1

Ambulance Services

TABLE A—continued

Total number of patients	Total mileage	Average number of miles per patient	Number of patients carried per 1,000 population	Local health authority	Cost					Cost per 1,000 population	Cost per vehicle mile for the service exclusive of supplementary and rail services
					Directly provided service	Agency service	Supplementary service	Rail	Total	Cost per patient	
					£	£	£	£	£	s. d.	s. d.
17,836	75,304	4·2	273	Dudley ..	18,902	—	—	8	18,910	21	2
20,610	89,011	4·0	356	Eastbourne ..	—	8,922	—	87	9,009	8	9
44,832	180,704	4·0	385	East Ham ..	29,987	—	198	15	30,200	13	6
17,536	146,188	8·3	190	Exeter ..	—	19,434	—	475	19,909	22	9
56,376	181,432	3·2	498	Gateshead ..	28,249	—	—	29	28,278	10	0
32,681	179,390	5·5	348	Gloucester ..	22,838	—	192	295	23,325	14	3
19,546	91,417	5·0	358	Great Yarmouth ..	13,661	—	—	6	13,667	14	0
29,460	161,293	5·5	311	Grimby ..	24,546	—	—	107	24,653	16	9
28,408	141,318	5·0	228	Halifax ..	19,702	—	205	21	20,018	14	1
20,875	161,544	8·0	294	Hastings ..	—	12,624	—	219	12,843	12	4
55,714	192,094	3·4	437	Huddersfield ..	33,268	—	—	26	33,294	11	11
26,958	150,276	5·6	247	Ipswich ..	16,487	—	876	99	17,462	12	11
33,978	239,197	7·0	287	Lincoln ..	26,837	—	—	35	26,872	15	10
48,341	169,472	3·5	325	Middlesbrough ..	27,884	—	—	69	27,953	11	7
24,709	129,133	5·2	240	Northampton ..	—	9,118	—	155	9,273	7	6
39,906	162,076	4·0	330	Norwich ..	25,768	—	—	115	25,883	12	11
66,756	245,700	3·7	473	Oldham ..	34,496	—	—	25	34,521	10	4
51,622	325,258	6·3	489	Oxford ..	—	30,433	—	272	30,685	10	11
39,103	149,701	3·6	334	Preston ..	21,432	—	—	12	21,444	17	10
					21,432	—	—	12	21,444	17	10
					3,007	—	—	—	3,007	—	—

38,157	139,750	3-7	441	Rochdale ..	..	..	24,666	—	—	2	24,666	12	11	285	3	6
28,100	115,299	4-1	318	Rochester ..	..	..	19,275	—	—	1	19,275	13	11	218	3	4
32,042	107,046	3-3	386	St. Helens ..	..	..	20,749	—	—	9	20,749	12	11	185	3	1
66,797	225,835	3-4	294	Salford ..	..	..	45,932	—	40	17	45,989	13	9	272	4	1
32,867	85,890	3-6	320	Smethwick ..	..	..	16,940	—	—	—	16,940	14	2	227	3	11
52,634	85,890	3-6	270	Southampton ..	..	..	25,219	—	—	83	31,191	11	10	160	3	7
345,720	327,646	6-7	447	Southend-on-Sea ..	..	..	4,560	13,513	5,889	182	24,504	7	1	158	3	1
69,269	123,794	4-0	368	Southport ..	..	..	17,222	—	38	20	17,280	11	5	210	2	11
30,280	123,794	4-0	347	South Shields ..	..	..	23,501	—	—	15	23,516	12	7	218	2	9
37,406	171,449	4-6	347	Stockport ..	..	..	28,639	—	110	8	28,757	17	3	156	3	5
33,339	173,341	5-2	181	Sunderland ..	..	..	31,138	—	—	—	31,138	11	4	171	3	1
54,942	202,967	3-7	302	Tynesouth ..	..	..	18,490	—	—	1	18,491	16	8	270	3	8
22,219	101,217	4-6	331	Wakefield ..	..	..	15,227	—	—	12	15,239	10	3	252	2	4
29,743	129,150	4-3	493	Wallasey ..	..	..	21,216	—	—	64	21,280	15	9	208	2	11
27,030	149,745	5-5	264	Walsall ..	..	..	24,961	—	—	9	24,970	15	7	218	3	3
32,053	154,574	4-8	280	Warrington ..	..	..	19,565	—	—	—	19,565	14	0	111	3	7
28,019	108,312	3-9	158	West Bromwich ..	..	..	15,100	—	102	19	15,221	13	1	170	3	6
23,279	88,454	3-8	260	West Ham ..	..	..	54,335	—	—	32	54,367	16	8	320	3	6
63,309	308,499	4-7	384	West Hartlepool ..	..	..	15,369	—	—	7	15,376	13	7	211	3	3
22,616	95,053	4-2	310	Wigan ..	..	..	24,599	—	—	5	24,604	13	6	235	3	7
36,479	138,640	3-8	348	Wolverhampton ..	..	..	31,672	—	68	1	31,741	15	0	204	3	5
186,209	83,546	4-4	273	Worcester ..	..	..	326	5,591	907	46	6,870	8	8	108	2	5
15,867	177,333	5-3	250	York ..	..	..	26,768	—	—	38	26,806	10	0	232	3	0
53,226	177,333	3-0	460		..	..								
				<i>Wales</i>												
				Merthyr Tydfil ..	..	..	18,918	—	—	45	18,963	15	2	301	3	1
				Newport ..	..	..	21,175	—	—	4	21,179	8	11	202	2	11
				Swansea ..	..	..	31,625	—	—	45	31,670	10	1	196	2	2
														
				Totals and averages for Group 5												
2,365,324	10,747,611	4-5	324		..	..	1,413,603	114,040	22,853	3,976	1,554,472	13	2	213	3	2

NATIONAL HEALTH SERVICE

Ambulance Services

TABLE B—Work of the Directly Provided Service for the Year ended 31st March, 1956

Number of operational vehicles at 31st March, 1956			Total number of paid operational staff	Local health authority	Number of Section 27 patients carried			Other persons—taken to clinics, nurseries, special schools, etc.	Grand Totals	Mileage
Ambulances 2/4 stretchers	Sitting case vehicles	Total			Accident or emergency	Others	Total			
2,859	1,438	4,297	9,763	TOTALS FOR ALL AUTHORITIES..	732,929	10,905,684	11,638,613	721,416	12,360,029	71,120,481
240	94	334	778	Ungrouped Counties (special conditions apply)	88,255	884,776	973,031	—	973,031	4,325,729
118	94	212	544	London	46,484	650,102	696,586	2,114	698,700	3,288,242
				Middlesex						
				Group 1 Counties (the more urbanised counties)						
				England						
48	32	80	178	Cheshire	12,887	187,943	200,830	1,656	202,486	1,487,019
67	20	87	196	Derbyshire	12,595	188,580	201,175	—	201,175	1,627,145
96	10	106	297	Durham	22,834	282,691	305,525	1,627	307,152	2,225,129
122	83	205	579	Essex	48,415	541,279	589,694	—	589,694	3,610,095
43	24	67	174	Hertfordshire	7,346	188,096	195,442	13,981	209,423	1,387,899
129	91	220	411	Kent	14,392	531,275	545,667	1,369	547,036	3,308,078
129	95	224	710	Lancashire	55,307	636,218	691,525	141,862	833,387	4,651,032
37	18	55	181	Nottinghamshire	7,331	122,724	130,055	—	130,055	970,201
56	36	92	249	Staffordshire	19,062	218,159	237,221	—	237,221	1,647,921
49	23	72	281	Surrey	11,166	191,108	202,274	6	202,280	1,324,160
46	20	66	170	Warwickshire	13,712	145,559	159,271	5,848	165,119	1,118,465
33	7	40	47	Worcestershire	2,982	108,869	111,851	22,554	134,405	833,260
143	—	143	451	Yorks., W. Riding	34,342	402,472	436,814	8,403	445,217	3,014,067

72	8	80	184	Glamorgan	Wales	25,123	253,768	278,891	5,170	284,061	1,658,342
1,070	467	1,537	4,108	Totals for Group 1	..	290,502	3,998,741	4,289,243	202,566	4,491,809	28,563,813
				Group 2 Counties (all other counties)	..						
				England	..						
23	15	38	71	Bedfordshire	..	9,703	75,304	85,007	2,712	87,719	601,558
28	14	42	40	Berkshire	..	7,654	30,968	38,622	—	38,622	483,743
33	22	55	82	Buckinghamshire	..	3,195	143,807	147,002	5,600	152,602	1,241,755
7	6	13	24	Cambridgeshire	..	1,054	15,363	16,417	—	16,417	235,026
37	35	72	100	Cornwall...	..	4,277	107,141	111,418	3,837	115,255	1,103,245
21	4	25	Hired staff	Cumberland	..	2,976	18,230	21,206	1,142	22,348	225,901
20	12	32	42	Dorsetshire	..	3,300	40,840	44,140	16,549	60,689	438,469
8	—	8	Hired staff	Ely, Isle of	..	151	5,083	5,234	—	5,234	68,994
28	17	45	95	Gloucestershire	..	7,627	96,956	104,583	22,541	127,124	939,544
6	4	10	17	Huntingdonshire	..	1,018	11,463	12,481	1,380	13,861	195,424
25	17	42	86	Leicestershire	..	2,738	94,983	97,721	17,759	115,480	890,034
9	9	18	19	Lincoln, Holland	..	1,133	29,700	30,833	5,481	36,314	269,989
10	7	17	13	Lincoln, Kesteven	..	599	30,057	30,656	—	30,656	317,890
24	11	35	52	Lincoln, Lindsey	..	2,354	92,058	94,412	—	94,412	743,329
8	4	12	13	Northamptonshire	..	1,005	24,246	25,251	—	25,251	174,665
40	10	50	98	Northumberland	..	10,326	138,294	148,620	7,887	156,507	1,124,725
—	—	1	1	Oxfordshire	..	6	657	663	—	663	4,553
3	3	6	15	Peterborough—Soke of	..	731	12,030	12,761	90	12,851	119,711
1	2	3	2	Rutland	..	269	4,596	4,865	35	4,900	60,001
31	16	47	57	Salop	..	1,238	62,183	63,421	32	63,453	972,873
—	—	2	2	Somersetshire	..	26	5,667	5,693	—	5,693	45,712
45	7	52	94	Southampton (Hants.)	..	6,486	41,829	48,315	—	48,315	689,326
8	1	9	12	Suffolk, East	..	267	6,029	6,296	124	6,420	112,638
9	2	11	12	Suffolk, West	..	379	21,076	21,455	605	22,060	192,123
7	2	9	17	Sussex, East	..	1,299	13,094	14,393	—	14,393	84,195
7	—	7	13	Westmorland	..	—	3,279	3,279	—	3,279	84,078
6	2	8	18	Wight, Isle of	..	879	9,938	10,817	1	10,818	92,573
21	21	42	62	Wiltshire	..	4,650	60,281	64,931	13,991	78,922	587,736
12	17	29	40	York, E. Riding	..	3,131	50,211	53,342	153	53,495	519,140
28	34	62	81	York, N. Riding	..	3,336	100,408	103,744	21,120	124,864	1,181,534

Ambulance Services
TABLE B—continued

Number of operational vehicles at 31st March, 1956			Total number of paid operational staff	Local health authority	Number of Section 27 patients carried			Other persons—taken to clinics, nurseries, special schools, etc.	Grand Totals	Mileage
Ambulances 2¼ stretchers	Sitting case vehicles	Total			Accident or emergency	Others	Total			
Group 2 Counties (<i>continued</i>)										
<i>Wales</i>										
—	1	1	1	Denbighshire ..	20	1,050	1,070	—	1,070	11,729
8	—	8	9	Anglesey ..	1,235	7,774	9,009	—	9,009	112,195
18	5	23	25	Caernarvon ..	3,156	28,868	32,024	232	32,256	347,673
4	—	4	5	Cardigan ..	115	3,722	3,837	—	3,837	36,868
13	6	19	35	Cardiff ..	1,357	42,330	43,687	91	43,778	353,960
7	5	12	22	Flint ..	1,925	27,320	29,245	—	29,245	315,340
5	6	11	13	Merioneth ..	461	10,331	10,792	—	10,792	243,967
28	17	45	87	Monmouth ..	9,282	92,441	101,723	2,280	104,003	825,378
589	336	925	1,375	Totals for Group 2	99,358	1,559,607	1,658,965	123,642	1,782,607	16,047,594
Group 3 County Boroughs (the five largest county boroughs)										
<i>England</i>										
72	31	103	253	Birmingham ..	14,744	327,159	341,903	131	342,034	1,769,785
31	28	59	120	Leeds ..	8,803	226,360*	235,163	Included in *	235,163	855,426
48	25	73	138	Liverpool ..	9,576	202,722	212,298	—	212,298	966,703
53	11	64	156	Manchester ..	9,800	183,092	192,892	8,238	201,130	906,275
33	8	41	84	Sheffield ..	4,887	142,954	147,841	—	147,841	576,384
237	103	340	751	Totals for Group 3	47,810	1,082,287	1,130,097	8,269	1,138,466	5,074,573

Group 4 County Boroughs
(the twelve next largest
county boroughs)

England

9	15	24	50	Bradford	3,624	82,437	86,061	37,910	123,971	403,707
29	17	46	103	Bristol	7,013	143,585	150,598	150,598	150,598	798,845
16	13	29	72	Coventry	4,773	95,358	100,131	19,226	119,357	398,029
12	10	22	70	Croydon	3,730	77,036	80,766	20,061	100,827	423,440
20	10	30	59	Kingston-upon-Hull	4,080	81,256	85,236	2,558	87,894	415,883
17	7	24	69	Leicester	5,661	70,315	75,976	19,897	95,873	334,034
25	20	45	104	Newcastle-upon-Tyne	7,281	119,493	126,774	25,160	151,934	773,871
19	8	27	73	Nottingham	4,904	92,339	97,443	—	97,443	400,752
13	6	19	44	Plymouth	3,210	57,859	61,069	1,645	62,714	262,793
11	6	17	37	Portsmouth	2,292	65,391	67,683	—	67,683	280,511
13	11	24	57	Stoke-on-Trent	1,919	71,568	73,487	4,131	77,618	400,909
Wales										
12	3	15	33	Cardiff	3,472	57,256	60,728	4,319	65,047	281,020
196	126	322	771	Totals for Group 4	51,959	1,014,093	1,066,052	134,907	1,200,959	5,143,794

Group 5 County Boroughs
(all other county boroughs)

England

8	5	13	20	Barnsley	1,381	23,622	25,003	13,314	38,317	139,972
5	1	6	17	Barrow-in-Furness	1,276	12,201	13,477	—	13,477	82,349
7	3	10	23	Bath	1,317	26,763	28,080	—	28,080	133,906
9	3	12	36	Birkenhead	5,536	37,677	43,213	2,208	45,421	160,459
8	3	11	30	Blackburn	3,040	30,460	33,500	—	33,500	137,835
6	3	8	25	Blackpool	3,058	33,821	36,879	—	37,407	114,507
7	6	13	35	Bolton	4,349	47,494	51,843	528	52,129	168,028
6	6	7	18	Bootle	4,818	14,795	19,613	286	23,747	92,977
6	1	7	18	Boothferry	2,028	20,522	22,550	4,134	24,079	146,598
5	3	8	23	Bournemouth	3,041	60,570	63,611	1,529	66,267	283,109
11	9	20	37	Brighton	1,412	18,777	20,189	2,656	26,631	109,785
6	3	9	21	Burnley	1,059	19,710	20,769	6,442	26,631	109,785
6	2	8	13	Burton-upon-Trent	1,059	19,710	20,769	—	20,769	100,864

Ambulance Services
TABLE B—continued

Number of operational vehicles at 31st March, 1956			Total number of paid operational staff	Local health authority	Number of Section 27 patients carried			Other persons—taken to clinics, nurseries, special schools, etc.	Grand Totals	Mileage
Ambulances 2½ stretchers	Sitting case vehicles	Total			Accident or emergency	Others	Total			
Group 5 (continued)										
England										
5	4	9	23	Bury ..	1,161	13,201	14,362	7,038	21,400	109,654
5	3	8	19	Canterbury ..	465	26,719	27,184	23	27,207	146,687
5	4	9	16	Carlisle ..	686	28,585	29,271	7,992	37,263	108,085
4	2	6	16	Chester ..	831	9,867	10,698	6,710	17,408	82,082
8	1	9	20	Darlington ..	1,187	26,128	27,315	1,578	28,893	132,588
9	5	14	26	Derby ..	1,386	45,938	47,324	—	47,324	185,285
4	3	7	14	Dewsbury ..	670	19,074	19,744	—	19,744	81,393
7	3	10	23	Doncaster ..	1,008	17,456	18,464	—	18,464	108,451
4	6	10	18	Dudley ..	1,170	15,928	17,098	735	17,833	74,904
5	5	10	30	East Ham ..	1,125	43,604	44,729	—	44,729	175,910
—	—	—	—	Exeter ..	—	—	—	—	—	—
7	7	14	27	Gateshead ..	1,236	46,189	47,425	8,941	56,366	179,011
6	6	12	22	Gloucester ..	1,483	27,211	28,694	3,563	32,257	153,216
4	3	7	15	Great Yarmouth ..	795	10,925	11,720	7,825	19,545	91,057
9	3	12	25	Grimsby ..	1,648	27,717	29,365	41	29,406	153,399
8	3	11	22	Halifax ..	1,056	27,237	28,293	—	28,293	135,734
13	5	18	33	Huddersfield ..	2,450	39,827	42,277	13,417	55,694	190,536
4	3	7	19	Ipswich ..	813	18,403	19,216	1,196	20,412	116,690
6	4	10	27	Lincoln ..	985	32,945	33,930	30	33,960	236,807
9	4	13	31	Middlesbrough ..	2,647	39,583	42,230	6,071	48,301	164,732
6	4	10	24	Norwich ..	1,758	24,850	26,608	13,257	39,865	156,026
10	8	18	34	Stirling ..	4,020	40,700	44,720	21,030	65,750	242,426

Ambulance Services—Expenditure

TABLE C

Directly Provided Service for Year ended 31st March, 1956.

Total cost	Operational staff	Running and maintenance of vehicles	Provision of vehicles	Maintenance of buildings, furniture, etc.	Local health authority	Provision of land and buildings	Other expenditure	Unit Costs of Directly Provided and Agency Services for Year ended 31st March, 1956			
								Directly provided service		Agency service	
£	%	%	%	%			%	Cost per vehicle mile	Cost per patient	Cost per vehicle mile	Cost per patient
10,103,531	58.3	18.8	6.9	2.7	Totals and averages for all authorities	1.9	11.4	£ s. d.	£ s. d.	s. d.	£ s. d.
849,091	56.8	21.1	7.5	3.4	Ungrouped Counties (special conditions apply)	1.3	9.9	2 10	16 4	1 10	19 11
643,056	63.1	19.9	4.0	3.0	London	1.9	8.1	3 11	17 5	2 2	2 1 5
					Middlesex	1.9	8.1	3 11	18 5	—	—
Group 1 Counties (the more urbanised counties)											
<i>England</i>											
190,910	59.4	16.9	8.0	2.4	Cheshire	1.2	12.1	2 7	18 10	—	—
187,664	67.4	15.9	7.0	1.7	Derbyshire	1.9	6.1	2 4	18 8	2 7	1 4 8
281,741	59.1	16.3	6.4	2.4	Durham	2.2	13.6	2 6	18 4	9	7 3
549,732	62.8	18.5	7.1	1.5	Essex	1.3	8.8	3 1	18 8	2 4	1 8 0
181,953	58.3	20.7	6.6	3.8	Hertfordshire	1.5	9.1	2 7	17 5	—	—
434,551	58.4	18.9	8.0	2.7	Kent	1.2	10.8	2 8	15 11	1 0	9 6
754,079	60.7	17.2	5.7	2.7	Lancashire	2.2	11.5	3 1	18 1	1 4	14 11
149,213	64.4	13.4	5.8	1.5	Nottinghamshire	1.9	13.0	3 1	18 1	—	—
255,127	57.7	20.5	7.5	2.1	Staffordshire	2.1	10.1	3 11	1 5 10	2 5	1 6 5
261,729	64.6	16.4	7.3	2.0	Surrey	1.0	8.6	3 11	1 5 10	—	—
140,927	48.1	15.4	10.5	2.7	Warwickshire	1.4	8.9	3 11	1 5 10	—	—
140,927	48.1	15.4	10.5	2.7	West Yorkshire	1.4	8.9	3 11	1 5 10	—	—
140,927	48.1	15.4	10.5	2.7	West Yorkshire	1.4	8.9	3 11	1 5 10	—	—

Chambers	Totals and averages for Group 1	3.5	1-7	3.3	10-3	2.7	2.10	14.11	1.11	19.3
Group 2 Counties (all other counties)										
England										
Bedfordshire ..	78,590	9.7	3.2	3.3	10.8	2.7	17.11	1.9	1.15	2
Berkshire ..	52,334	10.2	2.7	1.9	14.7	2.2	1.7	—	—	—
Buckinghamshire ..	100,370	8.4	2.0	2.3	14.0	1.7	13.2	—	—	—
Cambridgeshire ..	25,778	8.0	1.4	2.1	19.1	2.2	1.11	—	—	—
Cornwall ..	110,449	6.7	1.4	3.1	19.5	2.0	1.9	1.11	2.10	5
Cumberland ..	23,573	17.7	—	2.8	11.9	2.1	1.1	1.6	12.11	2
Devonshire ..	—	—	—	—	—	—	—	2.7	1.19	2
Dorsetshire ..	54,996	7.9	1.8	3.1	14.6	2.6	1.8	1.6	1.19	11
Elly, Isle of ..	7,460	13.9	—	17.6	9.4	2.2	1.8	1.9	1.18	11
Gloucestershire ..	104,473	6.5	2.5	2.0	—	2.3	1.6	—	—	—
Herefordshire ..	—	—	—	—	—	—	—	1.11	17.11	—
Huntingdonshire ..	15,860	49.2	1.3	0.9	18.8	1.8	1.5	—	—	—
Leicestershire ..	89,058	49.9	3.3	3.2	15.4	2.0	1.5	—	—	—
Lincs., Holland ..	22,725	41.9	1.3	1.6	19.4	1.8	1.2	—	—	—
Lincs., Kesteven ..	19,694	37.2	1.0	1.6	25.0	1.3	1.2	2.1	1.3	4
Lincs., Lindsey ..	84,393	49.2	4.5	5.5	14.7	2.3	1.7	11	—	—
Norfolk ..	—	—	—	—	—	—	—	—	—	—
Northamptonshire ..	17,914	50.4	6.9	0.7	13.9	2.1	1.4	1.11	1.17	2
Northumberland ..	110,766	51.4	2.3	2.9	10.9	2.0	1.4	1.5	1.16	1
Oxfordshire ..	307	55.7	—	—	3.9	1.4	9.3	1.3	1.16	8
Peterboro'—Soke of ..	17,159	61.3	2.5	0.8	13.5	2.10	1.6	2.7	2.0	4
Rutland ..	3,178	40.5	2.2	—	22.4	1.1	1.3	2.1	1.7	0
Sekop ..	72,998	47.4	2.7	5.1	10.6	1.6	1.3	—	—	—
Somersetshire ..	2,542	38.5	—	0.9	22.1	1.1	8.11	1.8	14.7	—
Southampton (Hants) ..	101,217	61.4	3.1	2.3	10.4	2.11	2.1	—	—	—
Suffolk, East ..	13,408	61.3	1.2	0.6	11.6	2.5	2.1	1.4	1.16	3
Suffolk, West ..	15,726	40.9	—	2.2	19.5	1.8	1.4	2.3	2.16	10
Sussex, East ..	15,718	71.1	1.7	8.2	—	3.6	1.1	2.2	1.16	3
Sussex, West ..	—	—	—	—	—	—	—	1.10	1.7	11
Westmorland ..	8,571	49.7	—	2.7	12.8	2.0	2.12	3	—	—
Wight, Isle of ..	17,975	65.2	0.3	2.8	12.6	3.11	1.13	3	1.4	6
Wiltshire ..	70,099	57.8	2.8	1.3	13.2	2.5	1.7	1.9	1.0	11
Yorks., East Riding ..	50,343	53.7	1.7	3.1	13.5	1.11	1.8	1.8	1.14	3
Yorks., North Riding ..	113,343	53.4	2.2	2.0	19.4	1.11	1.8	1.5	1.11	6

Expenditure

TABLE C—continued

TABLE D—continued

Total cost	Operational staff	Running and maintenance of vehicles	Provision of vehicles	Maintenance of buildings, furniture, etc.	Local health authority	Provision of land and buildings	Directly provided service				Agency service	
							Cost per vehicle mile	Cost per patient	£ s. d.	s. d.	Cost per vehicle mile	Cost per patient
£	%	%	%	%		%			£ s. d.	s. d.	s. d.	£ s. d.
Group 2 (continued)												
<i>Wales</i>												
13,515	50.1	19.8	11.1	2.7	Anglesey	—	2 5	1 10 0	—	—	—	—
—	—	—	—	—	Brecon	—	—	—	—	—	—	—
30,609	44.1	24.7	9.9	3.2	Caernarvon	0.6	1 9	19 1	1 5	1 5	19 7	—
6,611	35.7	13.3	5.2	3.1	Cardigan	1.5	3 7	1 14 6	—	—	—	—
39,759	53.9	20.7	8.4	0.9	Cardiff	1.4	2 3	18 2	1 4	1 4	2 10	—
500	23.6	41.0	13.0	—	Denbigh	—	0 10	9 4	—	—	—	—
24,068	46.2	20.4	5.7	0.8	Flint	1.9	1 6	16 6	2 0	2 0	11 5	—
12,673	41.5	24.6	13.4	—	Merioneth	1.2	1 1	1 3 6	5 2	5 2	3 2 1	—
87,652	51.8	20.7	5.9	1.2	Monmouth	2.0	2 2	16 10	—	—	—	—
—	—	—	—	—	Montgomery	—	—	—	—	—	—	—
—	—	—	—	—	Pembroke	—	—	—	—	—	—	—
—	—	—	—	—	Radnor	—	—	—	—	—	—	—
1,636,404	52.2	20.0	8.2	2.3	Totals and averages for Group 2	2.7	2 0	18 4	1 9	1 9	1 1 3	—
Group 3 County Boroughs (the five largest county boroughs)												
<i>England</i>												
280,357	55.6	21.9	6.6	3.7	Birmingham	1.9	3 3	16 5	—	—	—	—
109,395	55.8	19.5	7.8	3.3	Leeds	3.9	2 3	19 4	—	—	—	—
1,122,004	56.1	21.0	7.7	3.5	Liverpool	1.2	2 3	16 5	—	—	—	—

134,358	55.7	12.2	9.8	3.4	..	..	..	1.3	13.7	2.10	13.4	—
81,771	56.1	22.0	9.1	3.4	..	..	..	1.3	13.7	2.10	13.4	—
738,576	55.8	20.2	6.9	3.6	..	..	..	1.9	11.6	2.11	13.0	—
Totals and averages for Group 3												
Group 4 County Boroughs (the twelve next largest county boroughs)												
<i>England</i>												
45,594	59.7	18.2	7.4	1.5	..	..	..	0.6	12.6	2.3	7.4	—
97,680	60.4	20.8	7.3	1.3	..	..	..	1.2	9.0	2.5	13.0	—
72,123	55.0	16.4	7.6	2.3	..	..	..	2.4	16.3	3.8	12.1	—
71,513	56.7	18.2	8.1	3.1	..	..	..	1.7	12.2	3.5	14.2	—
57,962	56.8	20.0	8.0	1.0	..	..	..	0.2	14.0	2.9	13.2	—
64,807	56.6	15.4	6.5	3.6	..	..	..	6.7	11.2	3.11	13.6	5 10
93,699	54.8	20.3	7.4	3.3	..	..	..	1.7	12.5	2.5	12.4	—
60,962	57.8	20.9	8.1	1.9	..	..	..	0.9	10.4	3.1	12.6	—
43,180	53.5	18.1	7.2	4.3	..	..	..	4.5	12.4	3.3	13.9	—
35,965	59.1	15.5	6.4	0.9	..	..	..	0.8	17.3	2.10	10.8	—
54,934	58.1	16.2	6.6	3.5	..	..	..	3.3	12.3	2.9	14.2	—
<i>Wales</i>												
34,527	54.9	19.1	5.9	2.6	..	..	..	2.2	15.3	2.6	10.7	—
732,946	57.0	18.5	7.4	2.4	..	..	..	2.2	12.5	2.10	12.3	1 9
Totals and averages for Group 4												
Group 5 County Boroughs (all other county boroughs)												
<i>England</i>												
25,561	59.3	14.5	6.7	4.4	..	..	..	2.4	12.7	3.8	13.4	—
16,421	67.5	13.2	4.9	0.9	..	..	..	1.3	12.2	4.0	1.4	—
25,857	58.8	17.9	8.3	2.6	..	..	..	2.4	10.0	3.9	18.5	—
34,335	64.1	13.4	5.4	6.2	..	..	..	3.5	7.4	4.3	15.1	—
26,581	63.3	15.1	5.1	1.9	..	..	..	0.2	14.4	3.10	15.10	—
21,097	69.4	13.8	4.4	0.7	..	..	..	1.1	10.6	3.8	11.3	1 11
30,370	61.0	13.0	4.5	5.1	..	..	..	0.9	15.5	3.8	11.8	2 16 4
18,250	58.1	15.9	6.0	3.0	..	..	..	1.0	16.0	3.11	15.4	—
22,964	61.9	15.6	5.4	1.2	..	..	..	1.4	14.5	3.2	1.0	1 10
Totals and averages for Group 5												

Expenditure

TABLE C—continued

TABLE D—continued

Total cost	Operational staff	Running and maintenance of vehicles	Provision of vehicles	Maintenance of buildings, furniture, etc.	Local health authority	Provision of land and buildings	Other expenditure	Directly provided service		Agency service	
								Cost per vehicle mile	Cost per patient	Cost per vehicle mile	Cost per patient
£	%	%	%	%		%	%	s. d.	£ s. d.	s. d.	£ s. d.
Group 5 (continued)											
England											
39,218	56.2	14.3	5.5	2.3	Brighton	..	..	3.6	18.1	2 9	11 10
18,588	61.4	15.5	7.3	—	Burnley	..	..	5.0	10.8	3 5	14 0
14,208	68.6	16.1	6.7	1.7	Burton-on-Trent	..	..	1.4	5.5	2 10	13 8
18,443	63.3	15.9	5.7	3.0	Bury	..	..	0.5	11.6	3 4	17 3
18,160	65.9	20.0	6.0	1.6	Canterbury	..	..	0.3	6.2	2 6	13 4
16,682	51.6	15.8	8.6	8.1	Carlisle	..	..	4.0	11.9	3 1	8 11
12,960	65.1	11.4	6.7	2.0	Chester	..	..	1.6	13.2	3 2	14 11
22,748	63.5	11.1	5.2	2.0	Darlington	..	..	1.5	16.7	3 5	15 9
29,459	56.8	21.4	7.0	1.3	Derby	..	..	2.5	11.0	3 2	12 5
11,829	65.3	18.0	7.1	2.4	Dewsbury	..	..	0.9	6.3	2 11	12 0
22,065	59.3	12.1	7.6	4.2	Doncaster	..	..	6.3	10.5	4 1	1 3 11
18,902	59.8	15.2	8.4	3.2	Dudley	..	..	1.7	11.7	5 0	1 1 2
—	—	—	—	—	Eastbourne	..	..	—	—	—	—
29,987	61.2	17.3	5.9	3.8	East Ham	..	..	5.3	6.5	3 4	13 5
—	—	—	—	—	Exeter	..	..	—	—	—	—
28,249	51.8	18.8	6.2	4.0	Gateshead	..	..	4.9	14.3	3 2	10 0
22,838	58.5	15.9	5.8	2.5	Gloucester	..	..	0.6	16.7	3 0	14 2
13,661	63.1	15.0	6.6	1.5	Great Yarmouth	..	..	0.4	13.4	3 0	14 0
24,546	63.9	16.2	7.9	2.2	Grimsby	2.6	7.2	3 2	16 8
19,792	61.7	18.6	6.7	1.2	Halifax	1.1	10.7	2 11	14 0
—	—	—	—	—	Hastings	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
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APPENDIX XXIII

Return of Persons Resident on the Night of 31st December, 1956 in Accommodation Provided under Part III of the National Assistance Act, 1948

TABLE A—Residential Accommodation

Persons (exclusive of staff) residing in :				Description of persons				Total of Cols. 1 to 4
Former Workhouses		Other premises managed by the Council	Accommodation provided on behalf of the Council by voluntary organisations					
Owned by the Council	Vested in the Minister as hospitals			(1)	(2)	(3)	(4)	(5)
4,135 2,862	2,139 1,262	6,368 8,968	1,135 3,130	M F	1. Aged but not materially handicapped by infirmity	M F	13,777 16,222	
4,349 5,503	1,898 1,940	2,735 6,087	353 1,269	M F	2. Aged and physically or mentally handicapped	M F	9,338 14,799	
466 458	210 189	687 1,296	624 1,296	M F	3. Blind	M F	1,907 3,203	
266 294	110 122	255 455	112 189	M F	4. Deaf or Dumb	M F	76 1,068	
233 299	129 132	373 444	675 595	M F	5. Epileptic	M F	1,408 1,408	
852 691	340 192	540 973	223 350	M F	6. Crippled	M F	1,995 2,296	
711 288	329 176	262 240	141 113	M F	7. Physically infirm (not being aged)	M F	1,403 817	
924 889	596 530	225 402	15 33	M F	8. Mentally infirm (not being aged)	M F	1,760 1,894	
11,936 11,284	5,751 4,543	11,445 18,865	3,278 6,975	M F	9. Total of items 1 to 8 ..	M F	32,400 41,567	
4	—	1	1		10. Children accompanied by persons over 16		6	
42	—	—	—		11. Children accommodated under the <i>Children Act, 1948</i>		0	
46	—	1	1		12. Total of items 10 and 11 ..		6	
23,266*	10,294	30,311*	10,254		13. Grand Total of items 9 and 12 ..		74,125	

* Approximately 5,000 persons shown in previous years in column (3) have been re-classified and now appear in column (1).

TABLE B—Temporary Accommodation

Persons (exclusive of staff) residing in :				Description of persons			Total of Cols. 1 to 4
Former Workhouses		Other premises managed by the Council	Accommo- dation provided on behalf of the Council by voluntary organisa- tions				
Owned by the Council	Vested in the Minister as hospitals			(3)	(4)	(1)	(2)	(5)
13 216	4 61	188 408	— 2	M F	1. Persons over 16—Evicted	M F 205 687	
90 129	9 51	111 218	— 210	M F	2. Persons over 16—Others	M F 210 608	
103 345	13 112	299 626	— 212	M F	3. Total of items 1 and 2 ..	M F 415 1,295	
549	125	1,258	5		4. Children accompanied by persons over 16—Evicted	1,954	
191	74	461	104		5. Children accompanied by persons over 16—Others	834	
5	—	—	3		6. Other Children	8	
745	199	1,719	112		7. Total of items 4, 5 and 6 ..	2,796	
1,193	324	2,644	324		8. Grand Total of items 3 and 7 ..	4,506	

APPENDIX XXIV

Registration of Old Persons' and Disabled Persons' Homes (Sect. 37-40 of the National Assistance Act, 1948)

New registrations effected in 1956		Registrations cancelled in 1956*		Types of Homes	Homes on the register on the night of 31st December, 1956		Applications for registration refused in 1956
Number of Homes	Number of residents for whom provision made†	Number of Homes	Number of residents for whom provision made†		Number of Homes	Number of residents for whom provision made†	
163	1,887	57	576	Homes for Old Persons	1,222	21,865	6
8	184	3	34	Homes for Disabled Persons	137	5,217	—
30	392	19	209	Homes for Old Persons and Disabled Persons	228	4,058	—
201	2,463	79	819	Total	1,587	31,140	6

* In addition, 22 homes for Old Persons, which had provided for 193 residents, and one home for Old Persons and Disabled Persons which had provided for eight residents were reported as closed during the year. These figures derive from information volunteered by certain authorities to explain how their figures balanced with those for 1st January, 1956, and probably under-estimate the total numbers closed.

† Exclusive of staff.

APPENDIX XXV

Registration of Handicapped Persons

*(Section 29 of the National Assistance Act, 1948)**Number on Registers, 1955 and 1956 (at 31st December)*

Description	Year	Children under age 16		Persons aged 16-64		Persons aged 65 and over		Total
		M.	F.	M.	F.	M.	F.	
Register of Handicapped Persons (Deaf)	1955	1,177	974	6,347	5,406	816	1,036	16,405*
	1956	1,152	948	7,050	5,902	1,041	1,217	17,310
Register of Handicapped Persons (Hard of Hearing)	1955	398	300	1,938	2,906	1,311	2,099	10,264†
	1956	404	323	2,322	3,648	1,532	2,836	11,065
Register of Handicapped Persons (General Classes)	1955	2,504	2,005	21,133	13,988	3,028	2,903	47,383‡
	1956	2,886	2,080	24,994	17,895	4,084	4,401	56,340

* Includes 649 for which no details are shown

† Includes 1,312 for which no details are shown.

‡ Includes 1,822 for which no details are shown.

APPENDIX XXVI

Registration of Blind Persons

TABLE A

Number of Registered Blind Persons, 1955 and 1956 (at 31st December)

Age Groups	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un- known	Total
At 31st December, 1955 ..	13	76	126	148	209	964	716	865	2,521	3,966	6,833	10,647	7,542	9,565	50,471	21	94,683
At 31st December, 1956 ..	19	63	102	137	169	1,086	725	877	2,476	3,819	6,765	10,495	7,732	9,461	52,078	15	96,019

TABLE B

Number of Blind Persons Newly Registered during 1955 and 1956 (age at date of registration)

Age Groups	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un- known	Total
Year ended 31st December, 1955 ..	34	61	31	25	22	80	38	39	119	176	348	756	670	1,100	8,138	10	11,647
Year ended 31st December, 1956 ..	34	54	25	22	25	71	41	53	112	178	364	748	701	1,172	8,459	3	12,062

TABLE C

Employment Position of Registered Blind Persons, 1955 and 1956 (at 31st December)

Number of Registered Blind Persons (over 16) who were :—	At 31st December, 1955	At 31st December, 1956
(i) employed in :—		
(a) workshops for the blind	3,108	3,084
(b) homeworkers schemes	1,268	1,229
(c) other forms of employment (not including parttime work)	6,119	6,198
(ii) undergoing training	504	454
(iii) unemployed but capable of and available for work :—		
(a) already trained	313	299
(b) subject to being trained	401	391
(c) not available for training	325	305
(iv) not available for training, age 16-64	9,348	9,222
(v) not available for training, age 65-74	1,172	1,172
(vi) not available for training, age 75-79	1,172	1,172
(vii) not available for training, age 80-84	1,172	1,172
(viii) not available for training, age 85-89	1,172	1,172
(ix) not available for training, age 90-94	1,172	1,172
(x) not available for training, age 95-99	1,172	1,172
(xi) not available for training, age 100-104	1,172	1,172
(xii) not available for training, age 105-109	1,172	1,172
(xiii) not available for training, age 110-114	1,172	1,172
(xiv) not available for training, age 115-119	1,172	1,172
(xv) not available for training, age 120-124	1,172	1,172
(xvi) not available for training, age 125-129	1,172	1,172
(xvii) not available for training, age 130-134	1,172	1,172
(xviii) not available for training, age 135-139	1,172	1,172
(xix) not available for training, age 140-144	1,172	1,172
(xx) not available for training, age 145-149	1,172	1,172
(xxi) not available for training, age 150-154	1,172	1,172
(xxii) not available for training, age 155-159	1,172	1,172
(xxiii) not available for training, age 160-164	1,172	1,172
(xxiv) not available for training, age 165-169	1,172	1,172
(xxv) not available for training, age 170-174	1,172	1,172
(xxvi) not available for training, age 175-179	1,172	1,172
(xxvii) not available for training, age 180-184	1,172	1,172
(xxviii) not available for training, age 185-189	1,172	1,172
(xxix) not available for training, age 190-194	1,172	1,172
(xxx) not available for training, age 195-199	1,172	1,172
(xxxi) not available for training, age 200-204	1,172	1,172
(xxxii) not available for training, age 205-209	1,172	1,172
(xxxiii) not available for training, age 210-214	1,172	1,172
(xxxiv) not available for training, age 215-219	1,172	1,172
(xxxv) not available for training, age 220-224	1,172	1,172
(xxxvi) not available for training, age 225-229	1,172	1,172
(xxxvii) not available for training, age 230-234	1,172	1,172
(xxxviii) not available for training, age 235-239	1,172	1,172
(xxxix) not available for training, age 240-244	1,172	1,172
(xl) not available for training, age 245-249	1,172	1,172
(xli) not available for training, age 250-254	1,172	1,172
(xlii) not available for training, age 255-259	1,172	1,172
(xliiii) not available for training, age 260-264	1,172	1,172
(xliiii) not available for training, age 265-269	1,172	1,172
(xlv) not available for training, age 270-274	1,172	1,172
(xlvi) not available for training, age 275-279	1,172	1,172
(xlvii) not available for training, age 280-284	1,172	1,172
(xlviii) not available for training, age 285-289	1,172	1,172
(xlviii) not available for training, age 290-294	1,172	1,172
(xlv) not available for training, age 295-299	1,172	1,172
(xlvi) not available for training, age 300-304	1,172	1,172
(xlvii) not available for training, age 305-309	1,172	1,172
(xlviii) not available for training, age 310-314	1,172	1,172
(xlviii) not available for training, age 315-319	1,172	1,172
(xlv) not available for training, age 320-324	1,172	1,172
(xlv) not available for training, age 325-329	1,172	1,172
(xlv) not available for training, age 330-334	1,172	1,172
(xlv) not available for training, age 335-339	1,172	1,172
(xlv) not available for training, age 340-344	1,172	1,172
(xlv) not available for training, age 345-349	1,172	1,172
(xlv) not available for training, age 350-354	1,172	1,172
(xlv) not available for training, age 355-359	1,172	1,172
(xlv) not available for training, age 360-364	1,172	1,172
(xlv) not available for training, age 365-369	1,172	1,172
(xlv) not available for training, age 370-374	1,172	1,172
(xlv) not available for training, age 375-379	1,172	1,172
(xlv) not available for training, age 380-384	1,172	1,172
(xlv) not available for training, age 385-389	1,172	1,172
(xlv) not available for training, age 390-394	1,172	1,172
(xlv) not available for training, age 395-399	1,172	1,172
(xlv) not available for training, age 400-404	1,172	1,172
(xlv) not available for training, age 405-409	1,172	1,172
(xlv) not available for training, age 410-414	1,172	1,172
(xlv) not available for training, age 415-419	1,172	1,172
(xlv) not available for training, age 420-424	1,172	1,172
(xlv) not available for training, age 425-429	1,172	1,172
(xlv) not available for training, age 430-434	1,172	1,172
(xlv) not available for training, age 435-439	1,172	1,172
(xlv) not available for training, age 440-444	1,172	1,172
(xlv) not available for training, age 445-449	1,172	1,172
(xlv) not available for training, age 450-454	1,172	1,172
(xlv) not available for training, age 455-459	1,172	1,172
(xlv) not available for training, age 460-464	1,172	1,172
(xlv) not available for training, age 465-469	1,172	1,172
(xlv) not available for training, age 470-474	1,172	1,172
(xlv) not available for training, age 475-479	1,172	1,172
(xlv) not available for training, age 480-484	1,172	1,172
(xlv) not available for training, age 485-489	1,172	1,172
(xlv) not available for training, age 490-494	1,172	1,172
(xlv) not available for training, age 495-499	1,172	1,172
(xlv) not available for training, age 500-504	1,172	1,172
(xlv) not available for training, age 505-509	1,172	1,172
(xlv) not available for training, age 510-514	1,172	1,172
(xlv) not available for training, age 515-519	1,172	1,172
(xlv) not available for training, age 520-524	1,172	1,172
(xlv) not available for training, age 525-529	1,172	1,172
(xlv) not available for training, age 530-534	1,172	1,172
(xlv) not available for training, age 535-539	1,172	1,172
(xlv) not available for training, age 540-544	1,172	1,172
(xlv) not available for training, age 545-549	1,172	1,172
(xlv) not available for training, age 550-554	1,172	1,172
(xlv) not available for training, age 555-559	1,172	1,172
(xlv) not available for training, age 560-564	1,172	1,172
(xlv) not available for training, age 565-569	1,172	1,172
(xlv) not available for training, age 570-574	1,172	1,172
(xlv) not available for training, age 575-579	1,172	1,172
(xlv) not available for training, age 580-584	1,172	1,172
(xlv) not available for training, age 585-589	1,172	1,172
(xlv) not available for training, age 590-594	1,172	1,172
(xlv) not available for training, age 595-599	1,172	1,172
(xlv) not available for training, age 600-604	1,172	1,172
(xlv) not available for training, age 605-609	1,172	1,172
(xlv) not available for training, age 610-614	1,172	1,172
(xlv) not available for training, age 615-619	1,172	1,172
(xlv) not available for training, age 620-624	1,172	1,172
(xlv) not available for training, age 625-629	1,172	1,172
(xlv) not available for training, age 630-634	1,172	1,172
(xlv) not available for training, age 635-639	1,172	1,172
(xlv) not available for training, age 640-644	1,172	1,172
(xlv) not available for training, age 645-649	1,172	1,172
(xlv) not available for training, age 650-654	1,172	1,172
(xlv) not available for training, age 655-659	1,172	1,172
(xlv) not available for training, age 660-664	1,172	1,172
(xlv) not available for training, age 665-669	1,172	1,172
(xlv) not available for training, age 670-674	1,172	1,172
(xlv) not available for training, age 675-679	1,172	1,172
(xlv) not available for training, age 680-684	1,172	1,172
(xlv) not available for training, age 685-689	1,172	1,172
(xlv) not available for training, age 690-694	1,172	1,172
(xlv) not available for training, age 695-699	1,172	1,172
(xlv) not available for training, age 700-704	1,172	1,172
(xlv) not available for training, age 705-709	1,172	1,172
(xlv) not available for training, age 710-714	1,172	1,172
(xlv) not available for training, age 715-719	1,172	1,172
(xlv) not available for training, age 720-724	1,172	1,172
(xlv) not available for training, age 725-729	1,172	1,172
(xlv) not available for training, age 730-734	1,172	1,172
(xlv) not available for training, age 735-739	1,172	1,172
(xlv) not available for training, age 740-744	1,172	1,172
(xlv) not available for training, age 745-749	1,172	1,172
(xlv) not available for training, age 750-754	1,172	1,172
(xlv) not available for training, age 755-759	1,172	1,172
(xlv) not available for training, age 760-764	1,172	1,172
(xlv) not available for training, age 765-769	1,172	1,172
(xlv) not available for training, age 770-774	1,172	1,172
(xlv) not available for training, age 775-779	1,172	1,172
(xlv) not available for training, age 780-784	1,172	1,172
(xlv) not available for training, age 785-789	1,172	1,172
(xlv) not available for training, age 790-794	1,172	1,172
(xlv) not available for training, age 795-799	1,172	1,172
(xlv) not available for training, age 800-804	1,172	1,172
(xlv) not available for training, age 805-809	1,172	1,172
(xlv) not available for training, age 810-814	1,172	1,172
(xlv) not available for training, age 815-819	1,172	1,172
(xlv) not available for training, age 820-824	1,172	1,172
(xlv) not available for training, age 825-829	1,172	1,172
(xlv) not available for training, age 830-834	1,172	1,172
(xlv) not available for training, age 835-839	1,172	1,172
(xlv) not available for training, age 840-844	1,172	1,172
(xlv) not available for training, age 845-849	1,172	1,172
(xlv) not available for training, age 850-854	1,172	1,172
(xlv) not available for training, age 855-859	1,172	1,172
(xlv) not available for training, age 860-864	1,172	1,172
(xlv) not available for training, age 865-869	1,172	1,172
(xlv) not available for training, age 870-874	1,172	1,172
(xlv) not available for training, age 875-879	1,172	1,172
(xlv) not available for training, age 880-884	1,172	1,172
(xlv) not available for training, age 885-889	1,172	1,172
(xlv) not available for training, age 890-894	1,172	1,172
(xlv) not available for training, age 895-899	1,172	1,172
(xlv) not available for training, age 900-904	1,172	1,172
(xlv) not available for training, age 905-909	1,172	1,172
(xlv) not available for training, age 910-914	1,172	1,172
(xlv) not available for training, age 915-919	1,172	1,172
(xlv) not available for training, age 920-924	1,172	1,172
(xlv) not available for training, age 925-929	1,172	1,172
(xlv) not available for training, age 930-934	1,172	1,172
(xlv) not available for training, age 935-939	1,172	1,172
(xlv) not available for training, age 940-944	1,172	1,172
(xlv) not available for training, age 945-949	1,172	1,172
(xlv) not available for training, age 950-954	1,172	1,172
(xlv) not available for training, age 955-959	1,172	1,172
(xlv) not available for training, age 960-964	1,172	1,172
(xlv) not available for training, age 965-969	1,172	1,172
(xlv) not available for training, age 970-974	1,172	1,172
(xlv) not available for training, age 975-979	1,172	1,172
(xlv) not available for training, age 980-984	1,172	1,172
(xlv) not available for training, age 985-989	1,172	1,172
(xlv) not available for training, age 990-994	1,172	1,172
(xlv) not available for training, age 995-999	1,172	1,172

Registration of Partially-Sighted Persons

TABLE A—Number of Registered Partially-Sighted Persons, 1955 and 1956 (at 31st December)

Age Groups	Children age 0-4			Class D—children age 5 and under 16					Children age 16 and over, and still at school			Class A—persons near and prospectively blind (age 16 and over)						Class B—persons mainly industrially handicapped (age 16 and over)						Class C—persons requiring observation only (age 16 and over)						Grand Total
	0-1		Total	Educable			Total	Ineducable	Children age 16 and over, and still at school			Class A—persons near and prospectively blind (age 16 and over)			Class B—persons mainly industrially handicapped (age 16 and over)			Class C—persons requiring observation only (age 16 and over)												
	0-1	2-4		Attending special schools	Attending other schools	Not at school			Total	16-20	21-49	50-64	65 and over	Total	16-20	21-49	50-64	65 and over	Total	16-20	21-49	50-64	65 and over	Total						
At 31st December, 1955	107	107	214	1,306	411	1,717	49	1,873	92	1,965	83	568	1,010	5,724	7,385	512	1,009	470	69	2,060	238	663	1,020	4,975	6,916	18,433*				
At 31st December, 1956	126	126	252	1,390	479	1,869	51	1,920	112	2,032	81	618	1,094	6,388	8,181	552	1,142	506	74	2,374	288	701	1,100	5,483	7,572	20,367†				

* Does not include two employed males under 16 years of age.

† Does not include three employed males under 16 years of age. Figures in italics have been corrected since last year's Report.

TABLE B—New Registrations and Removals from Register during 1955 and 1956

Age Groups	Total						
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over
Class newly registered (age at date of registration)							
1955	15	64	239	66	420	674	3,368
1956	11	79	403	58	359	656	3,340
Removals from Register							
(a) On admission to Blind Register	—	4	23	18	83	172	838
1955	—	1	25	19	109	185	1,053
1956	—	—	38	19	13	37	117
(b) On de-certification due to improved visual acuity	—	1	26	18	29	26	138
1955	—	—	—	—	—	—	—
1956	—	—	—	—	—	—	—

* Only not available for work.

TABLE C—Employment Position of Registered Partially-Sighted Persons (age 16 and over), 1955 and 1956

	Number of Registered Partially-Sighted Persons who were :—		Class A		Class B		Total
	1955	1956	1955	1956	1955	1956	
Employed	..	..	..	..	..	..	..
1955	511	563	23	23	46	63	86
1956	563	563	138	155	283	309	423
Undergoing training	..	..	..	..	..	..	..
1955	23	23	6,713	7,438	362*	384*	7,075
1956	23	23	7,438	7,438	384*	384*	7,822
Unemployed not under training	..	..	..	..	..	..	..
(a) Available for and capable of training or work	1955	1956	1955	1956	1955	1956	1956
1955	138	155	6,713	7,438	362*	384*	7,075
1956	155	155	7,438	7,438	384*	384*	7,822
(b) Not available for or not capable of work	..	..	..	..	..	..	..
1955	7,385	8,181	2,060	2,374	2,060	2,374	9,445
1956	8,181	8,181	2,374	2,374	2,374	2,374	10,455